

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90823 028 \*\*\*150.00

**DOCUMENT # L89499**

1. Entity Name  
**FORWARD S-I CORP.**



Principal Place of Business  
**6934 S.W. 83RD PL.  
MIAMI FL 33143**

Mailing Address  
**6934 S.W. 83RD PL.  
MIAMI FL 33143**



2. Principal Place of Business

**10491 SW 15th LN.**

3. Mailing Address

**10491 SW 15th LN.**

Suite, Apt. #, etc.

**# 105**

Suite, Apt. #, etc.

**# 105**

City & State

**MIAMI FL.**

City & State

**MIAMI FL.**

Zip

**33174**

Country

**DADE**

Zip

**33174**

Country

**DADE**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0294109**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEETS, MARIA A  
6934 S.W. 83RD PL.  
MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **LARGAESPADA, Dimitri**  
Street Address (P.O. Box Number is Not Acceptable)  
**10491 SW 15th LN**  
**# 105**  
City **Miami FL** Zip Code **33174**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **LEETS, MARIA A**  
STREET ADDRESS **6934 S.W. 83RD PL.**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **T** ☒ Delete  
NAME **MONCADE, MARIA A**  
STREET ADDRESS **5347 SW 153 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **T** ☒ Delete  
NAME **ZAMORA, BLANCA**  
STREET ADDRESS **15332 S.W. 177 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **LARGAESPADA, Dimitri**  
STREET ADDRESS **10491 SW 15th LN #105**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **T** ☒ Change ☐ Addition  
NAME **Eleanora Rocha**  
STREET ADDRESS **10491 SW 15th LN**  
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **T** ☒ Change ☐ Addition  
NAME **LARGAESPADA, Eleanora**  
STREET ADDRESS **6934 SW 83RD PL.**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 305 222 8654**

Date

Daytime Phone #

CR2E034 (10/02)