2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0000788 c.		SECR	PILED ETARY OF STATE 4 OF CORPURATIONS
	·			**	
Principal Place of Business Mailing Address 10481 SW 40TH ST 10481 SW 40TH ST MIAMI FL 33165 MIAMI FL 33165-3753				00 FEB - 1 PM 4: 16	
2 Principal B	lane of Punissen	. 3. Mailing Address			
Principal Place of Business Address Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	e	City & State	774	4. FEI Number 65-0684594	Applied For
Zip	· Country	Zip	Country	5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Re	gistered Agent
MARQUEZ 10481 SW MIAMI FL	40TH ST		Street Addre	ss (P.O. Box Number is Not Acceptable)	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE Registered Agent signature requirements (CW111 FEE IS \$50.0 ayable to Department)	00	DATE
9.	MANAGING MEMBE		10.	ADDITIONS/C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUEZ, FELIX 10481 SW 40TH ST MIAMI FL 33165	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003 -02/03 *****	Change Addition 12331610 108011 50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Designts	TITLE NAME STHEET ADDRESS CITY-ST-ZIP		Change Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		Octob	NAME STHEET ADDRESS CITY-ST-ZIP		- Charge ser Ø Addition
TITLE MAME STREET ADDRESS CITY- ST- 21P		Caderou	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Celets	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TELE NAME STREET AUDRESS CITY-ST-ZIP		□ Dedecto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and billiv company or the receiver or trustee	that my signature shall have	or the exemption stated in the same legal effect as	n Section 119.07(3)(i), Florida Statutes. I f is if made under oath; that I am a managir hapter 608. Florida Statutes.	curther certify that the information ng member or manager of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER