FOR PROFIT CORPORATION

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	UNIFORM BUSIN	ESS REPOR	T (UBR)	Amended Fl	LED
DOC 1. Entity N	UMENT# M 5772	7	200	Y1 ZOS-UMZL	PM 1:20
		L HEAD C		SECRETAR TALLAHASS	Y OF STATE SEE, FLORIDA
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	DO NOT WRITE	IN THIS S	PACE		
	Place of Business 153 N.W. 23 ST.	3. Mailing Address N	w. 23 ST.	-	
	Suite, Apt. #, etc. Suite, Apt. #, etc.		W. 23 ST.	DO NOT WRITE IN THIS SPACE	
City & St	ete NIAMI . FLORIDA	City & State	() 0:	4. FEI Number	Applied For
Zip 33	142 Country S.A.	Mismi 1	FLORIDA Country	59-2346439	Not Applicable \$8.75 Additional
l , .		33142	1 4.5,14.	Certificate of Status Desired Name and Address of Current Registre	Fee Required
ক্ষাপ্রয়োজন ব নেত্রীয় এক ট্র	DO NOT W	DIE	Name		
	IN THIS SP	ACE	Street Address (PO. Box Number is Not Acceptable)	eci
		ACE/E056920	Accept t		
8. The above	e named entity cultimits this statement for		City N	112mi F	L Zip 293125
. The above	e named entity submits this statement for		s registered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Bigratium hoped or printed name of registered agent an	OROSMEL d title if applicable. (NO	LAZO TE: Registered Agent signature required	S :	3107
9. This corp	oration is eligible to satisfy its Intangible	January 1	Vav (Lee is \$150.00 C		
(See crite	requirement and elects to do so.	1 Amende	I. Fee'is \$550.00 d UBR is \$61.25 de to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. TITLE	OFFICERS AND D	IRECTORS		and the text and the library of the library laws of the library laws of	Normal Bridge
NAME	DROSMEL LAZO		WHITE WAS A STATE OF THE PARTY	的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的	well althoughthat
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TITLE NAME	VICE- Plesident		mi		
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NAME	SECIETAM /TREASI MARTA LAZO	sie!	MAME	2. 英语 5. 18 18 18 18 18 18 18 18 18 18 18 18 18	A Control of the Cont
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NAME STREET ADDRESS			NAME STREET ADDRESS		
ITY-ST-ZIP					

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 attachment with an address, with all other like empowered.

SIGNATURE.