## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # NOODOO1552



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## Apr 11, 2003 8:00 am Secretary of State 03-12-2003 90112 016 \*\*\*\*61.25

Principal Place of Business Mailing Address 16359 NW 57TH AVE 16359 NW 57TH AVE						
Alami-Lakes Fl. 33014	MIAMI-LAKES FL 33014	IAMI-LAKES FL 33014				
2. Principal Place of Business	3. Mailing Address					
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Suite, Apt. #, etc.	Suite, Apt. #, etc.			HECK HERE IF MAKING	3 CHANGES	
City & State	City & State	City & State		4. FEI Number 59-3621729		pplied For ot Applicabl
Zip Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional
8. Name and Address of Current R	Registered Agent			ess of New Registered	Fee Require Agent	<u></u>
		Name			ر هنده دهند د	
ADEFFE, GABRIEL 3951 SW 141 AVE.		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
MIRAMAR FL 33027		<u></u>			·,	
•		City		FL	Zip Cod	le
<ol> <li>the above named entity submits this statement for the obligations of registered agent.</li> </ol>	the purpose of changing its i	registerea onice or re-	gistered agent, or bour, is a	Té State of morival i au	tamınar wılı,	and accept
Signature, typed or printed name of registered agent an	nd title it applicable. (NOTE:	: Registered Agent signature re	equired when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered agent an	9. Election Cam	npaign Financing	\$5.00 May Be	Make Check		
Signeliue, typed or printed name of registered agent an	9. Election Carn Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make Checi Florida Depar	tment of S	State
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

द required

Daytime Phone #