

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001482

1. Entity Name

SAN-FERNANDO BOYS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

10775 SW 190TH STREET

10775 SW 190TH STREET

#44

#44

MIAMI-FL-33157

MIAMI-FL-33157

2. Principal Place of Business

3. Mailing Address

10487 S.W. 216 ST. #105

10487 S.W. 216 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

#105

City & State

City & State

MIAMI, FL.

MIAMI, FLORIDA

Zip

Country

Zip

Country

33190

USA

33190

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PETERS, LUTHER
10775 SW 190TH STREET
#44
MIAMI FL 33157

Name

LUTHER PETERS

Street Address (P.O. Box Number is Not Acceptable)

10487 S.W. 216 STREET #105

City

MIAMI

FL

Zip Code

33190

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.

SIGNATURE

LUTHER PETERS PRES. RAS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/21/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PETERS, LUTHER
STREET ADDRESS 10487 SW 216 STREET #105
CITY-ST-ZIP MIAMI FL 33190

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME VIALVA, FERDINAND
STREET ADDRESS 14818 125 PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME SINGH, PATRICIA
STREET ADDRESS 11101 SW 197TH ST VLDG 6 #107
CITY-ST-ZIP MIAMI FL 33197

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME ODIAN, HAMISH
STREET ADDRESS 12530 SW 151 STREET #161
CITY-ST-ZIP MIAMI FL 33186

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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:

LUTHER A. PETERS

4/15/02 305-234-5514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)