2002	UNIFORM	BUSINES	S REPO	RT (UBR)		•.					0005726
DOCU 1. Entity Nam	MENT # NO1	0000039	21 🚁	, 	11	•	·					000
	NUMENT TONY IZO DR PROFIT	UIERDO, INC., A	CORPORATIO	N		FI	LED	, 60				
Principal Plac	e of Business	Mailing	Address	- "		-tc	31 BAK	5: 52				
1100 E. 10TH AVE. HIALEAH FL 33010			1100 E. 10TH AVE. HIALEAH FL 33010			SECRE SECRE	JARY UF JARSEE, I	2: 23 STATE FLORIDA	 		a i 18 a i 8 a 8 i	
2. Principal Place of Business			<u> </u>				1 1501:161 012					•
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				INS	ADO NOTWR	TEINTHIS	SPACE ()	
City & State		City	City & State			4.	FEI Number				plied For t Applicable	
Zip Country		Zip			try			Status Desired		\$8.75 Add Fee Require		
	6. Name and Address	ered Agent Name				Name and A	ddress of New	Registered	Agent	· · · · · · · · · · · · · · · · · · ·	$\frac{1}{2}$	
CASANOV	A, GILBERTO	- •			Street Addre	ess (P.O.	Box Number	is Not Acceptab	le)			-
1100 E. 10			-			700025900507 12/31/0301056023 **236.;						
HIALEAH I	FE 33010			}	City			<u>, 117(1171)</u>	FL	Zip Cod		1
	named entity submits this igns of registered agent.	statement for the purpo	se of changing its r	egistere	d office or regi	jistered a	gent, or both,	in the State of F	iorida. I am	familiar with,	and accept	1
the obligation	loos of registered agent.	160)				•					4,	
SIGNATURE	Signature, typed or printed name of	OCHS!	CHOUS QUE	Pagintered	Agent signature rec	outrad whon	roingletian		/2-2	7-20	23	
	Signature, typed or printed rathe or	ragistated agent and the ir applic	Sable. (NOTE.	negisiered		danao wilei	remstating)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DATE.		New Same	
	After September 13, min: will:be \$236.2		9. Election Camp Trust Fund Co				.00 May Be led to Fees			k Payable nt of State		
10.		RS AND DIRECTORS		11.		ADDI	TIONS/CHAN	IGES TO OFFIC	ERS AND D	RECTORS IN	10	ן ַ
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CITY-ST-ZIP	HIALEAH FL 33010			CITY	ST-ZIP		·		<u></u>			12E0
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STREET ADDRESS CITY-ST-ZIP	1100 E. 10TH AVE. HIALEAH FL 33010				T ADDRESS							
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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.

305-785-2106

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #