2003

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

FILED Apr 07, 2003 8:00 am Secretary of State

Miami, FL Zip 33126-1929 USA Zip Country S. Certificate of Status Desired Status Desired Status Desired USA 7. Name and Address of Current Registered Agent Name-Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St Suite 761 City Miami FL Zip Code 33126 Zip Code 3126 Zip Code 3126 Zip Code 3126 Zip Code 3126 Zip	
2. Principal Place of Business 7270 N.W. 12th St. 7270 N.W. 12th St Suite, Apt.#, etc. Suite, Apt.#, etc. Suite 761 City & State Miami, FL ONOT WRITE IN THIS SPACE Country	Applicable ional
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Suite, Apt. #, etc. Suite 761 Suite 761 City & State Miami, FL Miami, FL Zip 33126-1929 USA DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. I am familia and accept the obligations of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Note: Registered Agent signature required when reinstating) PEE IS \$61.25 Initial or Amenided UBR Sirker Adoress (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name 8. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name 8. Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name 8. Street Agent signature required when reinstating) DATE FEE IS \$61.25 Initial or Amenided UBR Prust Fund Contribution. NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 Initial or Amenided UBR Name 7. Name and Address of Current Registered Agent National Agent Name Name 7. Name and Address of Current Registered Agent National Agent National Agent Name Name 7. Name and Address of Current Registered Agent Name 8. Street Agent Signature required when reinstating) DATE 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. I am familia and accept the obligations of registered agent and title if applicable. NOTE: Registered Agent Signature required when reinstating) DATE 8. DATE 8. DATE 9. Election Campaign Financing NAME NAME NAME NAME NAME NAME NAME	Applicable ional
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Zip 33126-1929 USA 33126-1929 USA 5. Certificate of Status Desired \$8.75 Addit Fee Required DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name Cel Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7. Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7. Valle, Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable) 7. Valle, Valle	
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THE D/VP THE	9
NAME Rodriguez, Andy	1
STREET ADDRESS 13814 S.W. 139th Ct. STREET ADDRESS	.
CITY-ST-ZIP Miami, FL 33186 CITY-ST-ZIP	
TITLE D/S NAME Rodriquez-Butler, Julio NAME	6°20
STREET ADDRESS 8900 S.W. 150th Ct. Cir. W. STREET ADDRESS	*
CITY-ST-ZIP Miami, FL 33196 CITY-ST-ZIP DO NOT WRITE IN THIS SPACE	
TITLE D/T TITLE	···
NAME del Valle, Manuel R.	
STREET ADDRESS 14435 S.W. 84th Ct. STREET ADDRESS	* 1
CITY-ST-ZIP Palmetto Bay, FL 33158 CITY-ST-ZIP	
TITLE NAME NAME	f.
STREET ADDRESS STREET ADDRESS	
CITY - ST - ZIP CITY - ST - ZIP	#2.
TITLE TITLE	
NAME NAME	
STREET ADDRESS 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	

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 on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

305-477-6116