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

FILED Apr 02, 2002 8:00 am Secretary of State

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DOCUMENT # NO 9 O 1. Entity Name FURIDA BU	N Y BETT	1 -	_	-02-2002 90092 012 ****70.00
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ASSOCIATION	りがこ			
DO NOT WRITE	IN THIS SP	ACE		B0056689
				5000000
2. Principal Place of Business , 14800 MIAMI LAICEWAYS	3. Mailing Address		, ,	
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State City & State		AME	4. FELNumber , Applied For	
7-6	,	od S o t-A	59-24	04 690 4 Not Applicable
33014 USA	Zip	Country	5. Certificate of State	us Desired \$8.75 Additional Fee Required
	l l		7. Name and Address	s of Current Registered Agent
		Name '	MANUEL.	REYES
DO_NOT_WI		Street Addres	s (P.O. Box Number is No	AM LAKEWAY
' in this sp	ACE	MIA	MI LAKE	5 FC 33014
		City	•	FL Zip Code
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or regis	tered agent, or both, in the	e state of Florida.
SIGNATURE Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE
		•	•	
			·	
FEE IS \$61.25	9. Election Camp	·	\$5.00 May Be	Make Check Payable to
FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Co	·	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
Initial or Amended UBR 10. OFFICERS AND DIRE	Trust Fund Co	intribution.		
Initial or Amended UBR 10. OFFICERS AND DIRE TITLE PRESIDENT	Trust Fund Co	·		
Initial or Amended UBR 10. OFFICERS AND DIRE TITLE PRESIDENT NAME STREET ADDRESS 14800 MIAM!	Trust Fund Co	TITLE NAME STREET ADDRESS		
Initial or Amended UBR 10. OFFICERS AND DIRE TITLE PRESIDENT MANUEL REYES I Y 8 00 M/AM! LAICES	Trust Fund Co	TITLE NAME		
Initial or Amended UBR 10. OFFICERS AND DIRE TITLE PRESIDENT MANUEL REYES INTERIOR OFFICERS AND DIRE MANUEL REYES TITLE VILE PRESIDENT MANUEL REYES	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		
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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 on an attachment with an addless, with all other like empowered.

MANUEL REYES

25/02

(305)558-6961