

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000003794

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: PUERTAS ABIERTAS, INC.

## Current Principal Place of Business:

5400 S. UNIVERSITY DR.  
#409  
DAVIE, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

5400 S. UNIVERSITY DR.  
#409  
DAVIE, FL 33029

## New Mailing Address:

FEI Number: 95-3807024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRUJILLO, C M JR  
9390 NW 33RD MANOR  
SUNRISE, FL 33351      US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANDRADE, FRANCISCO  
Address: 5 PHILLIPSBURG  
City-St-Zip: IRVINE, CA

Title: D ( ) Delete  
Name: HAMILTON, DAVID  
Address: 5400 S. UNIVERSITY DR., #409  
City-St-Zip: DAVIE, FL 33029

Title: D ( ) Delete  
Name: LUNA, RICHARD  
Address: 5400 S. UNIVERSITY DR., #409  
City-St-Zip: DAVIE, FL 33029

Title: D ( ) Delete  
Name: REED, RODGER  
Address: 5400 S. UNIVERSITY DR. #409  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: STEAK, RENE  
Address: 5400 S. UNIVERSITY DR. #409  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: SOUTHERLAND, DANNY  
Address: 5400 S. UNIVERSITY DR. #409  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LUCIANO, JARAMILLO  
Address: 5400 S. UNIVERSITY DR. #409  
City-St-Zip: DAVIE, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STERK, RENE  
Address: 5400 S. UNIVERSITY DR. #409  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.A. LUNA

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date