2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-14-2003 90214 017 ****61.25

DOCUMENT # N99000005275

1. Entity Name
BALLET ROSARIO SUAREZ, CORP.

Principal Place of Business	Mailing Address
5820 S.W. 8TH STREET MIAMI FL 33145	5050 NW 7TH ST PH 5 MIAMI FL 33126

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1067 SW 27 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State
Zip: 33135 Country	Zip Country

4. FEI Number 65-0947512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, ROSARIO 5820 S.W. 8TH STREET MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 familiar with, and accept the obligations of, registered agent.

SIGNATURE Robin Suarez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUAREZ, ROSARIO 5820 S.W. 8TH STREET MIAMI FL 33145	☐ Delete	S.D TAHIRA PLANAS 6491 SW 12st. West Miami FL. 33144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ALVAREZ, JORGE L 5820 S.W. 8TH STREET MIAMI FL 33145	☒ Delete	TD MARIA A. GARCIA 1201 SOUTH LEJEUNE RD. #204 CORAL GABLES FL. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, RAUL 4450 SW 4TH ST MIAMI FL 33134	☒ Delete	D ROBERTO ALVAREZ 1940 SW 32 CT. MIAMI FL. 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PEDRO PORTAL 6491 SW 12st. West Miami FL. 33144	☐ Delete ☒ Addition	D PEDRO PORTAL 6491 SW 12st West Miami FL 33144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARIA ANTONIETA GARCIA 1201 S LEJEUNE RD. # 204 CORAL GABLES FL. 33134	☐ Delete ☒ Addition		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTO ALVAREZ 1940 SW 32 ct. MIAMI FL. 33145	☐ Delete ☒ Addition		☐ Change ☐ Addition

CR2E037 (10/02)

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: Robin Suarez SIGNATURE REQUIRED 4/7/03 (305)649-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #