2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT



FILED Mar 03, 2003 8:00 am Secretary of State

1. Entity Na		00000401	o .		03-03-2003	90754 001 ***6		
Principal Place of Business 2450 SW 137 AVE 234 MIAMI FL 33175		Mailing Address 2450 SW 137 AVE 234 MIAMI FL 33175						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0997643		Applied For Not Applicabl	le
Zip Country		Zip	Coun	itry	5. Certificate of Status Desired	□ \$8.75 Fee Red	Additional juired	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New R	egistered Agent		
LADEZ D	ETTO M	~~		Name	in the same of the	್ಷ-೯೯೯ ರ	et Trans	
LOPEZ, PETER M 2450 SW 137 AVE				Street Address	ress (P.O. Box Number is Not Acceptable)			
STE 234						·		\neg
MIAMI FL 33175				City		FL Zip (Code	_
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of char	nging its registere	ed office or register	red agent, or both, in the State of Flo		rith, and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Begistere	d Agent signature required	Twhen reinstation	DATE	·	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0			a rigoria di gridacio roganoc	9. Election Campaign Fin.		5.00 May Be	\dashv
	k Payable to Florida Department						ded to Fees	
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	\dashv
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CITY-ST-ZIP				ST-ZIP				
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TITLE NAME :		☐ Dele				☐ Chang	e 🔲 Addition	
STREET ADDRESS			NAME STREE	T ANNRESS				-

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 607, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #