2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000010915

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

Principal Place of Business 1161 FLATBUSH AVE BROOKLYN NY 11226 Mailing Address 1161 FLATBUSH AVE BROOKLYN NY 11226 BROOKLYN NY 11226								03-17-20	JO 3 90/19 0	14 ***150	J.00	
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. City & State			Suite	Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES				3	
			City (4. FE	El Number 06-1577	029		Applied For lot Applicable	}
Zip		Country	Zip		Cour	ntry		Certificate of Status Desir		\$8.75 Ac Fee Requir		
	6. Name	and Address of Curre	ent Registere	d Agent			7. Na	ame and Address of N	ew Registered	Agent		1
						Name		~	₩'ee ' v		. .,	L
-	JOSALEM					Street Address (P.O. Box Number is Not A						1
5414 NE	2ND AVE					Silver / Ida ve						
Miami Fl	. 33137							**				ĺ
						City			FL	Zip Co	de	
	e named entity tions of registe		t for the purpo	ose of changing its	register	ed office or regis	stered agei	ent, or both, in the State (of Florida. I am	familiar with	, and accept	
SIGNATURE .												
	Signature, typed o	or printed name of registered ag	ent and title if appli	icable. (NOTI	: Registere	ed Agent signature requ	uired when rein	nstating)	DATE			
			ent and title if appli	icable. (NOTI	∄: Aegistere	ed Agent signature requ	uired when rein	ristating)	DATE			
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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 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.

SIGNATURE: