2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name LORD LADY OF MIAMI, INC. Principal Place of Business 777 NW 72ND AVE MIAMI FL 33182 2. Principal Place of Business Sulfo, Apt. #, etc. City & State Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL	UN	003 FOR PROI	FILED Jul 18, 2003 8:00 am Secretary of State							
Principal Place of Business 77 Not 730 AVE 78 Not 154 AVE MAIL FL 3182 2. Principal Place of Business 3. Mailing Address FL 1400 3. Mailing Address 5use April # etc. City & State City		MENI# 5000	00022458			1	-			
77. NW 7200 AVE MAMN FL 33128 Suite. Appl. 4, 900. Suite. Appl. 4, 900. Country Zip Country S. Certification of Status Desired See Required See Required See Required Replicated Agent Name Series Address of Number is Not Acceptage) See Address of Number is Not Acceptage) To Number is Not Acceptage) FL 7/p Code 8. The above named active submits his statement for the purpose of changing its registered alignmus re	•		L. L.	/ <i>/</i>		07-18-2003	90085 048	3 ***150	.00	
Surfa. Apt. 4, etc. City & Sitale	777 NW 72ND) AVE	721 NW 129 AVE.							
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Expression of Status Desired St. Certificatio of Status Desired Agent St. Certificatio S	Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
SARMIENTO, CARLOS A 721 NW 129TH AVE MIAMI FL 33182 City File Novilli-Fee Fission Directors File Novilli-Fee Fission Directors After Many 1, 2009 Fee will be \$550.00 Make Check Payable to Florida Department of State 10	City & Stat	te	City & State	 =		4. FEI Number 65-099923	3 `		·	7
SARMIENTO, CARLOS A 721 NW 129TH AVE MIAMI FL 33182 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or born, in the State of Fordat. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Propose of changing its registered office or registered agent, or born, in the State of Fordat. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Propose of prince frame of registered agent. (IACIE Registered Agent or poorly, in the State of Fordat. It am familiar with, and accept the obligations of registered agent. FILE NOW!!!_FEE IS_3150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State. 10.	Zip Country		Zip	Count	ry .	5. Certificate of Status Desired		8.75 Add	ditional	1
SAPMIENTO, CARLOS A 721 NW 129TH AVE MIAMI FL 33182 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar wim, and accept the obligations of registered agent. SIGNATURE FILE NOW!! J FE I S 150.00 After May 1, 2003 Fee will be \$555.00 Make Check Payable to Forida Department of State 10.	····	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New				1
T21 NW 129TH AVE MIAMI FL 33182 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS_\$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NI 11. TITLE SARMIENTO, CARLOS A 721 NW 129TH AVE MIAMI FL 33182 TITLE NAME SIRET ADDRESS OTF \$1.2P MAME T21 NW 129AVENUE SIRET ADDRESS OTF \$1.2P MAMI FL 33182 TITLE NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 Delete TITLE NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 CITY \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 CITY \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 CITY \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 CITY \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P TITLE NAME SIRET ADDRESS OTF \$1.2P MAMI FL 33198 CITY \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition SIRET ADDRESS OTF \$1.2P Change Addition SIRET ADDRESS OTF \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition SIRET ADDRESS OTF \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition NAME SIRET ADDRESS OTF \$1.2P Change Addition SIRET ADDRESS OTF \$1.2P Cha					Name				*	1
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After May 1, 2003 Fee will be \$55.00 May Be Added to Fee's Make Check Payable to Florida Department of State 10	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	DTE: Registered	Agent signature required	when reinstating)	DATE			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if nadefunder oath; that I am an officer or director of the corporation or the receiver or trustee empowered be execute this report as feating by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	12. Thereby o	certify that the information supplied w	ith this thing does not qualify for	or the exem	notion stated in Se	ction 119.07(3)(i). Florida Statutes	I further certif	v that the in	nformation	1