2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000046566 **DOCUMENT #**

1. Entity Name



Suite, Apt. #, etc.

City & State

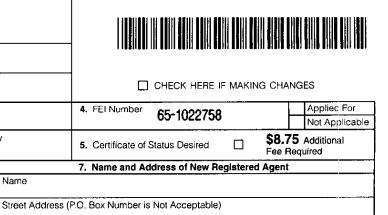
Zip

Mailing Address 3401 FRANKLIN AVE. 3401 FRANKLIN AVE. MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address

6. Name and Address of Current Registered Agent



04-21-2003 90535 011 ***150.00



DATE

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.

City

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

TAURLAC, INC.

Principal Place of Business

Suite, Apt. #, etc.

RAMON, MARIA B

3401 FRANKLIN AVE. MIAMI FL 33133

City & State

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.1 11. TSD TITLE ☐ Change ☐ Addition TITLE Delete NAME RAMON, MARIA B NAME 3401 FRANKLIN AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME CABRERA, ALBERTO J NAME STREET ADDRESS 3401 FRANKLIN AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment,w

SIGNATURE: