2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000047281 DOCUMENT

Principal Place of Business % ALBERTO J. PARLADE. ESO. 7050 S.W. 86TH AVENUE MIAMI FL 33143
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

201

Zip 33134

1313 PONCE DE LEON BLVD.

CORAL GABLES, FLORIDA

Country

U.S.A

6. Name and Address of Current Registered Agent

MILLER COUNTRY PLAZA,I NC.	
Principal Place of Business	Mailing Address
% Alberto J. Parlade. Eso.	% Alberto J. Parlade. ESQ.
7050 S.W. 86TH AVENUE	7050 S.W. 86TH AVENUE
MIAMI FL 33143	MIAMI FL 33143

3. Mailing Address

City & State

201

Ζip

33134

Suite, Apt. #, etc.

CORAL GABLES

1313 PONCE DE LEON BLVD.

FLORIDA

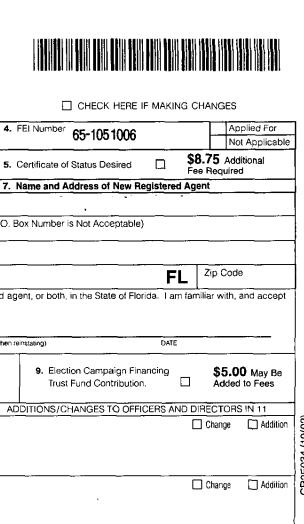
Name

Country

U.S.A



05-05-2003 91797 006 ***150.00



PARLADE, ALBERTO J % ALBERTO J. PARLADE, ESQ.			Street Address (P.O. Box Number is Not Acceptable)							
		Street Addres								
7050 S.W. 86TH AVENUE										
MIAMI FL 33143		City			FL	Zip Code	3			
3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
。 After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			I .	Election Campaign Financing Trust Fund Contribution.	9 🗆		0 May Be to Fees		
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITION	IS/CHANGES TO OFFICERS	AND D	RECTORS	3 IN 11		
NAME STREET ADDRESS	PST CARRO, RAQUEL 13003 ZAMBRANA STREET MIAMI FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition		
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2. I hereby o	certify that the information supplied with this filing	does not qualify for the	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify	that the in	formation		

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:

Date Daytime Phone #