2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050619 DOCUMENT

1. Entity Name

MUNIZ-ALBA ENTERPRISES, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90252 046 ***150.00

Surie, Apt. #, etc. Surie, Apt. #, etc. Surie, Apt. #, etc. Grity & State City & State City & State City & State City & State Country Zro Country S. Certificate of Status Desired S8.75 Additional Fee Required See Required See Required See Required See Required See Required See Required Street Address of New Registered Agent Name and Address of New Registered Agent Name										
2. Principal Place of Butiness S. Maing Address Sulfa Apt. # etc. Sulfa Applied Fot Sulfa Apt. # etc. Sulfa Applied Fot Diff Status Country Zip Country Exp	7901 NW 67TH STREET		7901 NW 67TH STREET MIAMI FL 33166	7901 NW 67TH STREET MIAMI FL 33166			-			
Sum Apt. # etc. Suits, Apt. # etc. Giv & Sinte 4. FEI Number 65-1025938 Applied For For Applicable For For For Applicable For For Applicab			i							
City & State City & State City & State City & State Country C	2. Principal Place of Business		3. Mailing Address	3. Mailing Address			[4]]] [5]]]			
SERRANO, FERNANDO SERRANO, FERNANDO TOURNAME and Address of Current Registered Agent SERRANO, FERNANDO SERRANO, FERNANDO TOURNAME AND Address of Current Registered Agent Name Street Address of New Registered Agent Name City FL Zip Code Street Address of New Registered Agent Name City FL Zip Code Street Address of New Registered Agent Name City FL Zip Code Street Address of New Registered Agent Name City FL Zip Code Street Address of New Registered Agent City FL Zip Code Name City FL Zip Code Name City FL Zip Code Name City FL Zip Code City	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
Separation Sep	City & State		City & State	City & State		4. FEI Number 65-1025039				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above pared only supmits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilopations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with be \$550.00 Make Check Payable to Flighted Department of State 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAW MINIZ RUEDA, JOSE DE 730 IN W 67TH STREET MINIM FL 33166 Delee MILE MUNIZ RUEDA, MILTON MARLON 730 IN W 67TH STREET MAM FL 33166 Delee MILTE MONES MINIS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAM FL 33166 Delee MILE MONE MINIS RUEDA, MILTON MARLON 730 IN W 67TH STREET MINIS CONTROLL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE MONE MINIS RUEDA, MILTON MARLON 730 IN W 67TH STREET MINIS CONTROLL ADDITIONS AND CONTROLL ADDITIONS AN			Zip	Zip Country			□ \$8			+
SERRAND, FERNANDO 7901 NW 67TH STREET MAMI FL 33166 City FL Zip Code Code City Fl Zip Code City FL Zip Code City FL Zip Code City FL Xip Zip Code			urrent Pagistered Agent	Island Agent		Fee R				
Street Address (P.O. Box Number is Not Acceptable)		o. Name and Address of C	urrem Registered Agent		Name	7. Name and Address of New Re	gistered Age	int		\dashv
MAMI FL 33166 City FL Zip Code 8. Tag 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8. Tag 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 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accep	SERRANO, FERNANDO				1					
B. 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 Speciative Sp					Street Address ((P.O. Box Number is Not Acceptable)				
B. Tale above named entity supmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	MIAMI FL	33166	The second secon							1
B. The above named entity authmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Common		i de la companya de l			City		FL	Zip Cod	e	-
SIGNATURE Signature required when relinating DATE FILE NOWI!! FEE IS 150.00 P. Election Campaign Financing S5.00 May Be Added to Fees	8. The above	named entity submits this stater	ment for the purpose of changing its	s registere	d office or register	ed agent, or both, in the State of Flori		iliar with,	and accept	-
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Flgrida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE WANKE MUNIZ RUED/K, JOSE DE 7901 NW 67TH STREET TITY-57-2P MINIE ADDRESS	the obligat	tions of registered agent.	•							
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Flgrida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE WANKE MUNIZ RUED/K, JOSE DE 7901 NW 67TH STREET TITY-57-2P MINIE ADDRESS	SIGNATURE .									
After May 1, 2003 Fee Wh to \$550.09 Make Check Payable to Florida Department of State 10.	<u> </u>	Signature, typed or printed name of registere	ed agent and title if applicable. (NO	TE: Registered	Agent signature required	when reinstating)	DATE			
Make Cheek Payable to Figrida Department of State 10. OFFICERS AND DIRECTORS	••• F					9. Election Campaign Fina	neina	6 E 0	10 May 20	
IDE NAME MUNIZ RUEDÁX, JOSE DE Delete MAME MUNIZ RUEDÁX, JOSE DE TOTO-ST-ZP MIAMI FL 33166 TITLE MAME MUNIZ ALBA, MILTON MARLON MUNIZ ALBA, MILTON MARLON MILTERET ADDRESS CITY-ST-ZP MIAMI FL 33166 TITLE MAME MAME MUNIZ ALBA, MILTON MARLON MILTERET ADDRESS CITY-ST-ZP MIAMI FL 33166 TITLE MAME MAME MILTERET ADDRESS CITY-ST-ZP MIAMI FL 33166 TITLE MAME MAME MIRET ADDRESS CITY-ST-ZP TITLE MAME MAME MIRET ADDRESS CITY-ST-ZP TITLE MAME MAME MIRET ADDRESS CITY-ST-ZP TITLE MAME MAME MAME MAME MAME MAME MAME MA	Make Check Pavable to Florida Department of State						· -			
MUNIZ RUEDĂ; JOSE DE 7901 NW 67TH STREET CITY-ST-ZIP MIAMI FL 33166 ITILE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 ITILE MAME MINIZ ALBA, MILTON MARLON 7901 NW 67TH STREET MIAMI FL 33166 ITILE MAME MINIZ ALBA, MILTON MARLON 7901 NW 67TH STREET MIAMI FL 33166 ITILE MAME MINITERE ADDRESS CITY-ST-ZIP ITILE MAME MIRET ADDRESS CITY-ST-ZIP ITILE MAME MAME MAME MAME MAME MAME MAME MA	٠ ٧			11		ADDITIONS (CHANGES TO OCCIO	SEGO AND DE	DECTOR	0.151.44	_
MUNIZ RUEDÁ; JOSE DE STREET ADDRESS		P Delete				ADDITIONS/CHANGES TO OFFIC				- 2
TREET ADDRESS ZITY-ST-ZIP MIAMI FL 33166 TITLE MUNIZ ALBA, MILTON MARLON 77901 NW 67TH STREET MIAMI FL 33166 TITLE MANE STREET ADDRESS ZITY-ST-ZIP MIAMI FL 33166 TITLE MANE STREET ADDRESS ZITY-ST-ZIP								Litange	Audition	1
WAME MANE MANE MINITER ADDRESS CITY-ST-ZIP MINITER ADDRESS CITY-ST-ZIP MINITER ADDRESS MINIT	STREET ADDRESS			STREE	T ADDRESS					1
MAME STREET ADDRESS CITY-ST-ZIP MAMI FL 33166 MUNIZ ALBA, MILTON MARLON 7901 NW 67TH STREET MAMI FL 33166 CITY-ST-ZIP MAMI FL 33166 Delete TITLE TADDRESS CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL 33166		CITY-	ST-ZIP					1
STREET ADDRESS TYP-ST-ZIP TILE	TITLE			TITLE				Change	Addition	1
MIAMI FL 33166 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	NAME	DRESS 7901 NW 67TH STREET		NAME			_		_	(
TILE AAME STREET ADDRESS STREET ADD										
NAME STREET ADDRESS STRET ADDRESS STRET ADDRESS STREET ADDRESS STRET ADDRESS STREET ADDRESS STRE		MIAMI FL 33166		CITY-	ST-ZIP					1
STREET ADDRESS STRE			☐ Delete	TITLE				Change	☐ Addition	
OFF ST-ZIP		N.								
TITLE LIAME LAME LITREET ADDRESS LITY-ST-ZIP LITLE LAME LAME LITLE LAME LAME LAME LAME LAME LAME LAME LA	CITY-ST-ZIP	,								Γ
NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	ITLE		□ Dalata	_				Channa	T Addition	-
STREET ADDRESS CITY-ST-ZIP TILE IAME TREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME TREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME TREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	NAME		□ Detete					Change	☐ Addition	
TITLE IAME TREET ADDRESS ITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS									Ì
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TILE AME AME AME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-5	ST-ZIP					
IAME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE TREET ADDRESS T	TITLE		☐ Delete	TITLE				Change	☐ Addition	ĺ
ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE AME NAME STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	IAME			NAME			_	.		
TTLE TITLE TITLE Change Addition AME TREET ADDRESS TY-ST-ZIP TOTAL TITLE TOTAL	STREET ADDRESS	į –		STREET	T ADDRESS					
AME TREET ADDRESS TY-ST-ZIP TOTAL TREET ADDRESS TYST-ZIP TOTAL TREET ADDRESS TREET ADDRESS TYST-ZIP				CITY-S	ST- ZIP					
TREET ADDRESS ITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	ITLE		☐ Delete					Change	Addition	
ITY-ST-ZIP CITY-ST-ZIP										
311 51 21									•	}
A. LIGIGUY LIGHEY MAN THE ANALOGUS SUBDINDE WITH THE BILLD GOOD DOT CHARLE FOR COMPERCY MALES IN COLUMN TO A COLUMN TO COLUMN TO COLUMN THE COLUMN TO COLUMN THE COLUMN TO COLUMN THE COLUM	L	ertify that the information supplie	d with this filing does not qualify for			110 07/2V/3 FI/ 3- 0:				-

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.

Daytime Phone #