

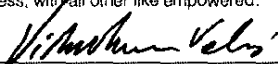


FILED
May 08, 2003 8:00 am
Secretary of State
05-08-2003 90171 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000052679			
1. Entity Name VELIS + ASSOCIATES, P.A.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 782 NW LEJEUNE ROAD Suite, Apt. #, etc. 530 City & State MIAMI Florida		3. Mailing Address P.O. Box 14-0729 Suite, Apt. #, etc. City & State CORAL GABLES, FL.	
Zip 33126	Country USA	Zip 33114	Country USA
4. FEI Number 050019318		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Vidal MARINO VELIS, ESQUIRE			
Street Address (P.O. Box Number is Not Acceptable) 90 JESUS BUJAN, ESQUIRE			
782 NW LEJEUNE ROAD, Suite 530			
City MIAMI		FL	Zip Code 33126
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.			
SIGNATURE 		DATE 4-29-03	
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME P/D Vidal MARINO VELIS STREET ADDRESS P.O. Box 14-0729 CITY-ST-ZIP CORAL GABLES, FL. 33114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-29-03 (305) 444-1148	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)