2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

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CORAL GABLES FL 33146

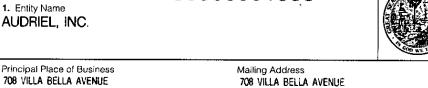
CORAL GABLES FL 33146

CORAL GABLES FL 33146



Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90035 013 ***158.75

FILED





2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1020594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent

BARBA, OSVALDO 708 VILLA BELLA AVENUE

7: Name and Address of New Registered Agent						
Name		,				
Street Address (P.O. Box Number	er is Not Acceptable)					
City		FL	Zip Code			

Trust Fund Contribution.

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. Lam familiar with, and accept

SIGNATURE

TITLE

NAME

TITLE

NAME

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be

Added to Fees

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 IN 11	7
D	☐ Delete	TITLE	☐ Change ☐ Addition	8
BARBA, OSVALDO		NAME		≥
708 VILLA BELLA AV	ËNUE	STREET ADDRESS		2
CODAL CARLES EL A				18

708 VI STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BARBA, ANGELES NAME STREET ADDRESS 708 VILLA BELLA AVENUE STREET ADDRESS

UITT-31-ZIF	CONAL GABLES PL 33140	CITT-ST-ZIP			
TITLE		TITLE	manufacture of the control of the co	☐ Change	Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS	•		
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TITLE	☐ Delete	TITLE		☐ Change	Addition
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
T.T. 5					_

STF CIT TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 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 add

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR