2002 Uniform Business Report (UBR)

SIGNATURE:

1. Entity Nar		0062579			Se	cretai 4-11-2002 90	y of	Sta	te	3
Principal Place of Business ROBERTO VALERA 16213 LAUREL DRIVE WESTON FL 33326		Mailing Address ROBERTO VALERA 16213 LAUREL DRIVE WESTON FL 33326								
2. Principal Place of Business		3. Mailing Address				80i/1 06 11 00i 1 00i	 	i !! !!! ! !!!!		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	FEI Number	65-1021366		\rightarrow	oplied For]
Zip	Country	Zip	Country	5.	Certificate of S	tatus Desired		3.75 Add e Required	ditional	1
	6. Name and Address of Current Re	gistered Agent		7.	Name and Add	ress of New Re				1
			Name		- * · · · ·	-	# - #			7 -
VALERA, ROBERTO J 16213 LAUREL DRIVE WESTON FL 33326			Street	Address (P.O. E	Box Number is	Not Acceptable)				- - -
			City	·			FL	Zip Code	е .	-
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office of	r registered ag	gent, or both, in	the State of Flor	ida.			1
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signa	ture required when re	einstating)		DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back).	FILE NOW! After May 1, 200 Make Check Payab		550. 00		n Campaign Fina und Contribution.		\$5.06 Added	0 May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AC	.L. DITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS	3 IN 11	┥
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORZO, OLGA 3301 EMERALD POINTE DR #107B HOLLYWOOD FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESI	DesiT	ALERA] Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, ISRAEL 3301 EMERALD POINTE DR #107B HOLLYWOOD FL 33021	Delete	NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	S.
TITLE NAME	THE OTHER CONTRACTOR OF STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	್ಷತ್ತಿಗಳು ಹೆಚ್ಚುಗಳುಎ.	The special region		,	Change	Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
of the corp	ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	red to execute this report a	v signatilire snali n	ave the same t	anal attact se i	t made under eet	h that I am a	n officer o	ar diroctor I	