**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan	MENT # <b>P0000</b> ( D 2005 GROUP, INC.	0064660	<u> </u>		٠	Jan 28, Secret		f Sta	ate
Principal Place 767 ARTHUR MIAMI BEACH US									
		3. Mailing Address 767 Arthur Godfrey Road							
Suite, Apt.	te	Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Applied For			
<u>Miami Be</u> 33140	Country	Miami Beach. F <sup>Zip</sup> 33140	Country USA		5. Certificate	of Status Desired		No. 88.75 Add ee Require	
767 ARTH	6. Name and Address of Current Ro RG, PAUL B IUR GODFREY ROAD ACH FL 33140		7. Name and Address of New Registered Agent Paul B. Steinberg Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code						
SIGNATURE .	e named entity submits this statement for the name of registered agent and control is eligible to satisfy its Intangible	ititle if applicable. (NOT	TE: Registered A	gent signature required who	en reinstating)		Florida.		· · · · · · · · · · · · · · · · · · ·
Tax filing i	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			1	ection Campaign F ust Fund Contribut	· -		<b>0</b> May Be I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI V P GRATEROL, MARIA HERMINIA 401 OCEAN DR #406 MIAMI BEACH FL 33139	RECTORS  Delete	TITLE NAME STREET	ADDRESS	ADDITIONS	/CHANGES TO OF		DIRECTORS ☐ Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRATERAL, EDUARDO 4779 COLLINS AVE APT 1506 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS -ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS -ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET A	i i				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A		····			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A					Change	☐ Addition
13. Thereby condicated of the corporation changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trusted empor or on an attachment with an accuracy, with	ered to execute this report fall other like empowered.	as required ·	tion stated in Sectic e shall have the sam by Chapter 607, FI	orida Statute	es; and that my nar	ne appears in	y that the in an officer Block 11 or	Block 12 if