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## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

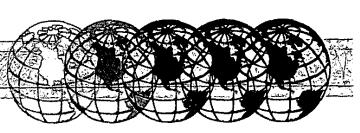
of the corporation or the receiver or trustee changed, or on an attachment with an ad-

INTED NAME OF S

SIGNATURE:

## Jul 17, 2003 8:00 am Secrétary of State P00000075959 DOCUMENT # 07-17-2003 90028 030 \*\*\*150.00 1. Entity Name RECORDICEPING SOLUTIONS, INC. Principal Place of Business Mailing Addres PO BOX 546029 PO BOX 546029 SURFSIDE FL 33154-6029 SURFSIDE FL 33154-6029 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 65-1030374 Not Applicable Country Zip Country 7in \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ. BEHAR & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 13935 NW 1ST AVENUE **MIAMI FL 33168** City Zip Code 8. The above named entity submits this the obligations of registered agent registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing -\$5.00 May Be -After September 10, 2003 Fee will be \$750/00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SANTAELLA, ANA CECILIA NAME NAME 1865 KENNEDY CAUSEWAY #5G STREET ADDRESS STREET ADDRESS N BAY VILLAGE FL 33141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ٠, ٤ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TIT) F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ot cylalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director shis report as required by Chapter 607, Florida Statutes; and they my name appears in Block 10 or Block 11 if hereby certify that the information supplied with this findicated on this report or supplemental report is true.





July 14, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Reference: UBR Late Fee

Document # P00000075959

FEI #: 65-1030374

Dear Sir or Madam,

As per our telephone conversation, this letter serves to notify you that I didn't received the UBR until yesterday, July 13, 2003 in the mail. I am asking you to kindly revise my case in order waive the late fee for \$400.00. If you need any additional documentation please contact me at (305) 861-9605. Attached please find a check in the amount of \$150.00 to cover for the original fee. Tank you in advance for your time and consideration.

Best Regards,

And Cécilia Santaella President //Treasurer