

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #		P00000081154	
1. Entity Name		CONFAMA, INC.	
Principal Place of Business		Mailing Address	
11529 SW 131 St Miami, FL 33176		11520 SW 131 St Miami, FL 33176	
2. Principal Place of Business		3. Mailing Address	
13022 SW 120 St		13022 SW 120th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33186		33186	

FILED
AMENDED RETURN

01 JUL 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-1034754		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Villegas, Gloria 11520 SW 131th Street Miami, FL 33176		Name: Hector D. Escobar Street Address (P.O. Box Number is Not Acceptable): 13022 SW 120 St City: Miami, FL FL Zip Code: 3	

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.

SIGNATURE: *Hector Escobar* DATE: 7-26-2001

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PDS
NAME	RESTREPO, HECTOR D	NAME	ESCOBAR, HECTOR D.
STREET ADDRESS	11520 SW 131 ST	STREET ADDRESS	13022 SW 120 ST
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	MIAMI, FL 33186
TITLE	SD	TITLE	
NAME	VILLEGAS, GLORIA A	NAME	
STREET ADDRESS	11520 SW 131 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector Escobar* DATE: 7-26-2001

CR2E034 (9/99)