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

Mailing Address

**MIAMI FL 33174** 

3. Mailing Address

City & State

Ziñ

Suite, Apt. #, etc.

8938 SW 5 TERRACE

## P00000081814 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

8938 SW 5 TERRACE

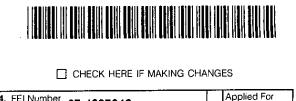
MIAMI FL 33174

PEDRO LLANEZA, INC.



## FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90129 040 \*\*\*150.00



DATE

65-1035810

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LLANEZA, PEDRO Street Address (P.O. Box Number is Not Acceptable) 8938 SW 5 TERRACE MIAMI FL 33174 Zip Code City

Country

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) Change Addition ☐ Delete TITLE TITLE llaneza, Pedro NAME NAME STREET ADDRESS 8938 SW 5 TERRACE STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the prival 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 attac ess, with all other like empowered

SIGNATURE:

Date

Daytime Phone #