	MENT # POOOOOO		APPROVEDC AND 04-24-2001-90262-019-4*150.00 FILED P00000087451						
1. Entity Name					DI DEC -7 PM 2:53				
Principal Place 18000 NORTH B SUNNY ISLAND	AY ROAD	Mailing Address 18000 NORTH BAY ROAD SUNNY ISLAND FL 33160		SECF TALLA	SECRETARY OF STATE. TALLAHASSEE, FLORIDA				
2. Principal Pla	ace of Business	3. Mailing Address							
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		_	DO NOT WRI	E IN THIS SPA	ACE.		
City & State		City & State		4, F	El Number			olied For	
Zip Country		Z)p Country		5. 0	P-1090X9 Pertificate of Status Desired		B.75 Addit e Required		
	6. Name and Address of Current R	legistered Agent	None	7. N	lame and Address of New F		<u> </u>		
WILAMOSKY, JORGE J 18000 NORTH BAY ROAD				Name ! Street Address (P.O. Box Number is Not Acceptable)					
SUNI	NY ISLAND FL 33160								
	named entity submits this statement for		City			FL	Zip Code	·	
Tax liling requirement and elects to do so. (See criteria on back) After I Make Che			IOW!!! FEE IS \$150.00 1, 2001 Fee will be \$550.00 Payable to Department of Sta						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILAMOSKY, JORGE 18000 NORTH BAY ROAD SUNNY ISLAND FL 33160	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AU	DITIONS/CHANGES TO OF		Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILAMOSKY, MARCOS 18000 NORTH BAY ROAD SUNNY ISLAND FL 33160	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Chànge	Addition		
TITLE NAME STREET ADDRESS CITY+ST-ZIP		□ Dejete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
13. I hereby indicated of the co-	certify that the information subblied with don this report or subblemental report is reportation or the receiver or too emp do on an attachment with lay address	this filing does not qualify for and accurate and that wered to execute this repowere with all other like empowere	or the exemption stated my signature shall have it as required by Chapte d.	in Section the same r 607, Flor	119.07(3)(i), Florida Statutes legal effect as if made unde rida Statutes; and that my nar	. I further certi r oath; that I a me appears in	fy that the in an officer Block 11 o	nformation or director r Block 12 if	

Daytime Phone #

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1 hr 30 m