2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000095870

1. Entity Name

VIRGEN AMELIA GOIRE LA MILAGROSA, INC.



Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90091 016 ***150.00

FILED

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广 体公司12万
国际和发生等
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Principal Plac 4752 S.W. 7T MIAMI FL 331	H STREET 34	Mailing Address 4752 S.W. 7TH STREET MIAMI FL 33134												
2. Principal Place of Business 3. Mailing Address				1 (84)	 			1 4 8 1 1 1 1 1 1			18611 8611 1681			
Suite, Apt. #, etc. Suite, Apt. #, etc.			. ,,,	CHECK HERE IF MAKING CHANGES										
City & State	tate City & State					4. FEI Number 65-1046403						\vdash	pplied For ot Applicable	
Zip	Country	Zip		try		5. Certificate	tus Desir		\$8.75 Additional Fee Required					
	6. Name and Address of Current	Registere	d Agent				7. Name an	d Addre	ss of N	ew Reg	gistere	d Age	nt	
• /	. 7th street	- ~		•	- Name Street Ad		O. Box Numb	er is No					<u>.</u>	· · ·
Miami Fl	33134				City							<u> </u>	Zip Cod	le
	named entity submits this statement folions of registered agent.	r the purp	ose of changing its	registere		registered	d agent, or bo	oth, in th	e State	of Florie	F da. lar			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appl	icable. (NOTE	: Registered	d Agent signatu	re required w	hen reinstating)				DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		_			I		Campaig d Contrib		ncing			00 May Be d to Fees
10.	OFFICERS AND	DIRECTO	RS	11.			ADDITIONS	/CHAN	GES TO	OFFIC	ERS AI	ND DI	RECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Mora, Zoraida 4752 S.W. 7TH Street Miami Fl 33134		☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete										Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· — .		Delete			`							Change	☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #