2002 UNIFORM BUSINESS REPORT (UBR)

TITLE P QUINTANA, REMBERTO Delete NAME STREET ADDRESS COTY-ST-ZIP TITLE VP QUINTANA, MATILDE CHange Additional STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NA	DOCU	MENT	FORM BUS # POOOO NY REDLAND GRE	<u>R</u>)	FILED Apr 03, 2002 8:00 am Secretary of State 04-03-2002 90009 034 ***150.00						
Sure, Apt. #, etc. Sure, Apt. #, etc. Sure, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cry & State A. FEI Number 65-1053 104 Applied for Applied for Applied for Zip Country Zip Country S. Certificate of Status Desired \$67.5 Additional For Required For Required For Required For Required For Required For Required For Required For Required For Required For Required For Required For Requi	22001 S.W. 2	52ND STREET	<u></u>	22001 S.W. 252ND STREET				I A ta ka a a ah bank aakk aakk aakk		1 1	11:11 (1): 1 1:
City & State City & State Country Zip Country S. Certificate of Status Description See Top	Principal Place of Business 3. Mailing Address										
Section Sect	Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 8. This oropposition is alligible to satisfy its Intemplate of the Part of the State of Florida. 9. This oropposition is alligible to satisfy its Intemplate of satisfy its Intemplate of satisfy its Intemplate of satisfy its Intemplate of State. 9. This oropposition is alligible to satisfy its Intemplate of satisfy its Intemplate of State. 9. This oropposition is alligible to satisfy its Intemplate of satisfy its Intemplate of State. 10. Election Campaign Financing St. Sc.00 May 86 Added to Fees St.00 Make Check Payable to Department of State. 10. Election Campaign Financing St.00 Added to Fees St.00 Added St.00 Ad	City & State City &				& State			FEI Number 65-1053104		-	
LOSNER, STEVEN D 65 NW. 16TH STREET HOMESTEAD R, 33030 2. City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered adject, or both, in the State of Florada. SIGNATURE SIGNATURE SPANISH Spanish spanish provide our provide ourse of registered adject or registered adject, or both, in the State of Florada. FILE NOW!!! FEE IS \$150.00 After May 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS OFFICER AND DIRECTORS OFFICER AND DIRECTORS IN 11 TITLE MAKE STREET ADDIESS OTH-57-2P OUINTANA, REMBERTO 2001 S.W. 252ND STREET HOMESTEAD FL 33031 TITLE OUINTANA, MATILDE OBdele UNIVER AND STREET OR STREET ADDIESS OTH-57-2P OUINTANA, MATILDE OBdele UNIVER AND OFFICER STREET OR STREET ADDIESS OTH-57-2P OUINTANA, MATILDE OBdele OR STREET ADDIESS OUT-57-2P OUINTANA, MATILDE OBdele OR STREET ADDIESS OUT-57-2P OUINTANA, MATILDE OBDELE OUIN	Zip		Country	Zip	Zip Count			5. Certificate of Status Desired \$8.75 Additional			
LOSNER, STEVEN D 85 N.W. 16TH STREET HOMESTEAD FL 33030		6. Name	and Address of Current I	l Registered Agent	<u> </u>						
City FL Zip Code	65 N.W. 16TH STREET					Name					
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						0		. 75 54			
SIGNATURE 9. This corporation is eligible to salisfy its Intangible Tax filing requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME SIREET ADDRESS OCHY-ST-2P TITLE MAME SIREET ADDRESS	-					FL Zip Code					
TITLE TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE MAME CINTANA, REMBERTO COUNTANA, REMBERTO STREET ADDRESS CITY-ST-ZIP CINTANA, MATILDE STREET ADDRESS CITY-ST-ZIP CITILE MAME CITY-ST-ZIP CITY-ST-ZIP CITILE MAME CITY-ST-ZIP CITY-ST-ZIP CITILE MAME CITY-ST-ZIP CITY-ST-Z	9. This corporate filling	oration is eligi requirement a	ble to satisfy its Intangible	FILE N	IOW!!! FEE 1, 2002 Fee	IS \$150.00 will be \$550) 0.00	10. Election Campaign Finar	icing _		
TITLE P QUINTANA, REMBERTO Delete NAME STREET ADDRESS COTY-ST-ZIP TITLE VP QUINTANA, MATILDE CHange Additional STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NA	·	ia on back)	LLE			partment o		<u></u>			
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NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		22001 S.W HOMESTE	7. 252ND STREET AD FL 33031		III						
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NAME STREET ADDRESS 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.	NAME STREET ADDRESS	V & 1/2	,, , <u>, ,,</u>	☐ Delete	TITLE NAME STREE	T ADDRESS	,	****		☐ Change	Addition
CITY-ST-ZIP CITY-	NAME			· Delete	NAME					☐ Change	☐ Addition
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.	CITY-ST-ZIP 13. I hereby of indicated of the corp	on this report poration or the	or supplemental report is t e receiver or trustee empov	rue and accurate and vered to execute this r	lify for the exenthat my signature eport as require	ST-ZIP nption stated ure shall have	e the same I	egal effect as if made under oat	n that Iam	an officer i	or director

THE AND STATED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 786-243-2080