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

## P00000099626 DOCUMENT #

1. Entity Name



## **FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90116 001 \*\*\*150.00

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CASTRO, ANDERSON 1925 BRIOKELL AVENUE SUITE D206 MIAMI FL 33129  City FL Zip Code  6. The above named onlity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the free of the purpose of changing its registered agent, or both, in the State of Florida agent, or both, in the State o		6. Name and Address of Current	Register					7. Name and Address of New Registered Agent				
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MIAMI FL 33129  City FL Zip Code  8. The above named cnity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent.  SIGNATURE    Structure, speak or purpose name or registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent.  SIGNATURE   Structure, speak or purpose name or registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligation of the coligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the coligation of the coligation of the color of the state of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida. I am familiar with, and accept the color of Florida agent accept the color						Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.    Signature   Signa									, , <del>, , , , , , , , , , , , , , , , , </del>			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.    Signature   Signa	<b>.</b> .				}	City			FL	Zip Coo	de	
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After May 1, 2003 Fee will be \$550.00 May 8e Make Check Payable to Florida Department of State  10.	SIGNATURE.		and title if app	olicable. (NOTE	: Registered	Agent signatu	re required v	when rei	instating) DATE			
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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		ertify that the information supplied with	this filing	dage not qualify for			od in Soc	tion 1	10 07/3\()) Elorido Statutas ( 5 - 15 - 15 - 15 - 15 - 15 - 15 - 15	if , short the	nformation:	

indicated on this report or supplemental report is tree 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:

30-874633 Daytime Phone #