## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P00000104206 Apr 26, 2001 8:00 am Secretary of State DIDEY, DK. 04-26-2001 90117 037 \*\*\*150.00 Principal Place of Business Mailing Address 17875 COCLIDS AVE. UNIT 2405 C0053013 SUNNY ISLES BEACH, FE33160 2. Principal Place of Business 3. Mailing Address 2875 NE 191 STERET Suite, Apt. #, etc. Suite 801 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 7-ioniDA Avenna Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33180 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTHEW B. WEALCHETT, ESS. i Sarva Street Address (P.O. Box Number is Not Acceptable) TURNBERRY PLAZA, Suite 201 2875 NE 191 SMEET cuite 801 ALDUNM, FL 33180 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. EMILIA LENTEBI (NOTE-Registeree Agent signature required when reinstating) Signature, ty 9. This corporation is eligible to satisfy its htangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (11/00 TITLE ☐ Delete Change ENTEBI EMILIA NAME 17875 COLLINS AVE., UNITOUS STREET ADDRESS STREET ADDRESS SUNNY ISLES BEALLY, FL 33/60 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete T:T: F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP FITLE ☐ Delete nme ☐ Change Addition SAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1 ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.