FOR PROFIT CORPORATION (UBR)

FILED May 08, 2002 8:00 am Secretary of State

50		KIN DOSIN	IE33 KEPUK	i	DK)		/ Scencium.				•
DOCUMENT # 1. Entity Name							05-08-2002 9000)7 0	48 **	*150.00	
POO	00010	06331	0 1 -		_						
-cy	BER,	NETWOR	* Solu	Z'ON	15,-	NC					
,	DO N	IOT WRIT	į								
2. Principal 8821 S	Place of Busi		3. Mailing Address 8821 SW 41st 5	Street							
Suite, Apt	_		Suite, Apr. #, etc.				. DO NOT WRITE IN THIS	SPA	CE		
City & Sta Miami,	^{te} Florida		City & State Miami, Florida				FEI Number 65-1054630		J	pplied For of Applicable	
Zip 33165			Zip 33165	1		5.	5. Certificate of Status Desired \$8.75 Addition. Fee Required				
					Name		Name and Address of Current Registere Joel Herrera	d Ag	ent		7
DO NOT WRITE									-		
	N THIS S	PACE			021 34	Box Number is Not Acceptable) V 41st Street				-	
					City M	iami	FL		Zip Cod 3316	 c 5	-
8. The above						_	agent, or both, in the State of Florida.			<u> </u>	7
SIGNATURE		9ZAZO JO or printed name of registored ago			, PNE d Agent signature re		04/27/200)2			
	ible to satisfy its Intangib and elects to do so.	January 1 - After Ma	May 1 F	ee is \$150.00 s \$550.00		10. Election Campaign Financing		\$5.0	0 May Be	1	
(See criter	ria on back)	·	Make Check Paya		s \$61.25 epartment of	State	Trust Fund Contribution.	כ		i to Fees	
TITLE	Р	OFFICERS ANI	D DIRECTORS	TITLE	· ·						┦╤
NAME STREET ADDRESS	Lazaro Joel Herrera 821 SW 41st Street				NAME STREET ADDRESS						(120
CITY-ST-ZIP	Miami, FI				-ST-ZIP						CR2E034B (12/01)
TITLE NAME				TITLE	1						ÄÄ
STREET ADDRESS				STRE	ET ADDRESS						[
TITLE	<u>.</u> .	7		TITLE	-ST-ZIP						-
NAME STREET ADDRESS	•			NAMI STRE	et address						ŀ
CITY-ST-ZIP					ST-ZIP		DO NOT WRI	TE			
NAME.				TITLE	I		IN THIS SPACE	CE			
STREET ADDRESS					et address St-zip						
TITLE	 -			TITLE	-						
NAME. STREET ADDRESS					T ADDRESS						
CITY-SI-ZIP					ST-ZIP						
NAME				TITLE		\sim					
STREET ADDRESS CITY-ST-ZIP					T ADBRESS SI - ZIP	٨					-
13. I hereby c indicated of the corp attachmen	ertify that the on this report poration or the and the angle of the an	information supplied with or supplemental report in e receiver or trustee em tress, with all other like or	h this filing does not qualify fo s true and accurate and that powered to execute this repo	/	· /	Section he same er 607, Fi	119.07(3)(i), Florida Statutes. I further cert legal effect as if made under eath; that I a orida Statutes; and that my name appears	ify tha m an in B	at the in officer of lock 11	formation or director or on an	
SIGNAT	a war an acc	CAZARU	J. HERNE	de			04/27/2002			ļ	
		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	DR .		Date Da	ytime f	hone #		i