2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1. En

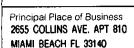
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FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90139 046 ***150.00

CUMENT #	P00000107059	
tity Name INTERNATIONAL,	INC.	



Mailing Address 2655 COLLINS AVE. APT 810 MIAMI BEACH FL 33140

		The state of the s							
2. Principal P	lace of Business I COLLINS AVE	3. Mailing Address 2699: Col	LINS	AVA	- '' ''				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		//	/		☐ CHECK HERE IF MAKING CHANGES				
		City & State	City & State		4. FEI Num	4. FEI Number 65-1063743		pplied For lot Applicable	
3314	Country	^z ₃ 3140	Country		5. Certifica	ite of Status Desired	S8.75 Ac Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
لللهاية المحادث سيدا الالها الله			Name	Name					
ELIZAGARAY, MARIA AMELIA			Street A	Street Address (P.O. Box Number is Not Acceptable)					
2655 COLLINS AVE, APT 810				Greet radios (i.e. Dox radios is net roceptable)					
MIAMI BE/	ACH FL 33140								
		-	City				FL Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r registere	ed agent, or t	ooth, in the State of Flori	da. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTI	E: Registered Agent signa	ture required	when reinstating)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	- 18 ⁻		I	Election Campaign Fina Trust Fund Contribution.		00 May Be	
	OFFICERS AND D		11.		ADDITION	IS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11	
TITLE	V OFFICERS AND E	Delete	TITLE	1	ADDITION	10/01/1/4/020 10 01/10	[] Change	Addition	
NAME	ELIZAGARAY, MARIA AMELIA	L Doloto	NAME					_	
STREET ADDRESS	2655 COLLINS AVE, APT 810		STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP						
TITLE	PS	<u>Likelete</u>	TITLE	PS.		4	Change	☐ Addition	
NAME	ORQUERA, FLORENTINA		NAME	ORG	QUE K	A, FLORE OLLINS A	NTINO	_	
STREET ADDRESS CITY-ST-ZIP	2655 COLLINS AVE, APT 810 MIAMI BEACH FL 33140		STREET ADDRESS CITY-ST-ZIP	263	~ ~ ~ ~	PEACH	V = 7 81	141	
	MIAMI DEACH FL 33140		TITLE	10/2	41013	BEACA	Change	Addition	
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NAME STREET ADDRESS			NAME Street Address	.				ĺ	
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TITLE		☐ Delete	TITLE	<u> </u>		- 	☐ Change	☐ Addition	
NAME		policie	NAME		-		_ "	_	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-7IP	l ::		CITY-ST-ZIP	1					

12. I hereby certify that the information supplied with this filling 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 suppliemental 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 director director of the corporation or the receiver director dir

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR