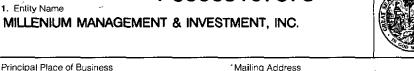
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT#

P00000107573





FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90345 040 ***150.00

TAINELLIAIDIA TAINIANGEMETAT & HAVESTIAILIAT, HAO.										
Principal Place of Business 8418 CORAL WAY MIAMI FL 33155		Mailing Address PO BOX 558084 MIAMI FL 33155								
			٠.,		·.					
2. Principal Place of Business		3. Mailing Address			1	.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	☐ CHECK HERE IF MA	AKING C	HANGES		
City & State		City & State		-,-	4.	4. FEI Number 65-1056789			Applied For Not Applicable	
Zip Country		Zip ,	Zip ,* Count		5. Certificate of Status Desired See Required Fee Required		litional d			
	6. Name and Address of Curren	t Registered Agent	ed Agent			7. Name and Address of New Registered Agent				
				Name		 -				
LOPEZ, JOSE E 8418 CORAL WAY			المرطيعي والرحدان		Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL						-				
1410 4411 1 C				City	_		FL	Zip Code	9	
	named entity submits this statement filling of registered agent.	for the purpose of changing	ng its regi ste re	ed office or registe	red ag	gent, or both, in the State of Florida.	I am fan	niliar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Registere	d Agent signature required	d when re	reinstating)	DATE			
		-								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						 9. Election Campaign Financir Trust Fund Contribution. 	ng		May Be to Fees	
10.	OFFICERS AND DIRECTORS I 1		11.		AD	DDITIONS/CHANGES TO OFFICER:	S AND D	RECTORS	S IN 11	
TITLE	P Delete TITU						Change	Addition		
NAME	LOPEZ, JOSE E		E		, =-	_	_ ,			
STREET ADDRESS			ET ADDRESS							
CITY-ST-ZIP	1111 Unit 1		- ST-ZIP							
TITLE	VPS	☐ Delete	TITLE] Change	☐ Addition	
NAME	ALVARDO, ERNESTO E		NAM							
STREET ADDRESS CITY-ST-ZIP	8418 CORAL WAY MIAMI FL 33155		STRE CITY-			***				
TITLE	MIAMI FC 33133	Delete						Change	Addition	
NAME		L.J Delete	TITLE NAMI				L	_ change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP	-	محوفه معجدة المحارات			•	
TITLE		☐ Delete	TITLE				E	Change	Addition	
NAME			, NAME	l l		· •				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS						
				-ST-ZIP				7.05		
TITLE NAME		Delete	TITLE				L] Change	☐ Addition (
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE] Change	Addition	
NAME	•		NAME				_	-		
STREET ADDRESS				et address					}	
CITY-ST-ZIP			CITY-	-ST-ZIP						

12. 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 his eport 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 attachment with an address, with attachment with an address, with attachment with an address.

Daytime Phone #