| 2002 UNIFORM BUSINESS REPORT (UBR) | | | | | | | | | FILED | | | | | | |
|---|---------------------|---|--|--------------------------|---------------------|----------|--|--|--------------------------------|-------------|-----------|--|--|--|--|
| DOCUMENT # P00000108740 1. Entity Name | | | | | | | | Apr 28, 2002 8:00 am Secretary of State | | | | | | | |
| WASHING | | | | | | | | 0697 001 | | | | | | | |
| Principal Place of Business 25 SE 2ND AVE STE 435 MIAMI FL 33131 | | | Mailing Address 25 SE 2NB AVE 87E 435 MANUFE 33131 | | | | | 1 1 4 B 11 4 B 1 | le Ba lio Ba lle | | | 1 1111111111111111111111111111111 | 1 1111 45 11 1 85 1 | | |
| 2. Principal | 4 | | | į | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | | | | |
| City & State BRAUT PL | | | City & State BEACH PL | | | <u> </u> | 4. FEI | Number | 65-106 | 5835 | | | pplied For | | |
| 3313 | | Country | Zip 33139 | Сопр | Ä | | 5. Cert | tificate of | Status De | sired | | 8.75 Ad ee Require | | | |
| | 6. Name | | | | 7. Nam | ne and A | ddress of | New Rec | gistered A | • | | | | | |
| FDFITAO | | Name | ENA | 1 1 | · / | Tres' | HAS | • | | | | | | | |
| FREITAS, JUVENAL L 25 SE_2ND AVE_SFE 435 | | | | Street-Add | dress (P | | Number | is N/2Acc | | # | 122 | | | | |
| -MIAMI EL | | 100 | | | / - | • | <u>., - , </u> | -,- | , – - , | , ., | <u>'</u> | | | | |
| | | | | } | MIA | i | 200 | . Δ. | | | FL | Zin Coc | le > a | | |
| 8. The above | e named entity | y submits this statement for t | the purpose of changing its | eaistere | | | | | in the Stat | e of Florid | | <u>````</u> | <i>157</i> | | |
| 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | | | |
| 9. This corp. | | ible to satisfy its Intangible | 1 | -: | | | men reinstal | ung) | . <u>.</u> . | • | DATE | | | | |
| Tax filing requirement and elects to do so. (See criteria on back) | | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | | 0.00 | ı | | ion Campa Fund Con | | ocing | | 0 May Be d to Fees | | |
| 11. | Inna | OFFICERS AND D | | 12. | | | ADDIT | IONS/CI | HANGES T | O OFFICE | ERS AND D | IRECTOR | S IN 11 | | |
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| NAME STREET ADDRESS CITY-ST-ZIP | | | | NAME STREET CITY-S | ADDRESS ST-ZIP | | | | | | | | | | |
| of the corp | poration or the | information supplied with thi or supplemental report is true e receiver or trustee empowe chment with an address, with | de and accurate and that my ered to execute this report as | | | | | | | | | | | | |

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #