## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000109494 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 24, 2003 8:00 am Secretary of State

Principal Place of Business 2588 SW 27TH AVENUE MIAM! FL 33133  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Address  Address  Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country  Country  See Req	
Suite, Apt. #, etc.  City & State  Country  Country  Country  Suite, Apt. #, etc.  CHECK HERE IF MAKING CHANGE  4. FEI Number 65-1059014  Country  5. Certificate of Status Desired   \$8.75	
Suite, Apt. #, etc.  City & State  Country  Country  Country  Suite, Apt. #, etc.  CHECK HERE IF MAKING CHANGE  4. FEI Number  65-1059014  For Country  5. Certificate of Status Desired   \$8.75	
City & State  4. FEI Number 65-1059014  Country  5. Certificate of Status Desired   \$8.75	ES
Zip Country Zip Country 5. Certificate of Status Desired \$8.75	
5. Certificate of Status Desired \$8.75	Applied For Not Applicable
Fee neu	Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
GARCIA, ANTONIO	
2588 SW 27TH AVENUE  Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33133	
City	ode
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. I am familiar with the obligations of registered agent.	th, and accept
the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
Constitute (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW.III FEE IS \$150.00	<del></del> -
After May 1, 2003 Fee will be \$550.00	.00 May Be ded to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	ORS IN 11
TITLE SA SVD' Delete TITLE	<del></del>
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CITY-ST-ZIP BARRANQUILLA COLOMBIA STREET ADDRESS CITY-ST-ZIP	
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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 changed, or on an attachment with an address, with all other like-empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR