2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

FILED Mar 07, 2003 8:00 am Secretary of State

		LOG HEFOR	10	<u> </u>	03-07-2003 9	90114 004 **	*150.00
1. Entity N	UMENT # POOC ame AL ASSOCIATES OF MIAMI	00011333 <u>1</u> - INC.					
	face of Business	Mailing Address					
12940 SW		% JOSE A SAAVEDRA	TH FLA		 		
MIAMI FL :	33156	-1428-BRICKELL AVE. 8			•		
1		WALL FL 33131			HARRISTOR AND REGION ARRIVE MARKET	2010 816 1 2000 117 0	UIDA 18151 RDI 1801
2. Principal	Place of Business	3. Mailing Address				<i>888</i> / HO 2000 (ARI	
			eland Blvd.		· Septimes on any state at the self self to	ranas masi tudas 14600 l	TILLER THE REAL TORY
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
Penthouse							
City & State City & S		City & State	y & State		4. FEI Number 65-1108373 Applied For		
Zip Country		Miami, FL Country		05 11003/3		Not Applicable	
	,	33156	USA	ļ	5. Certificate of Status Desired	□ \$8.75 A	
	6. Name and Address of Curren	t Registered Agent	, 30		7. Name and Address of New Regis	Fee Requ	ired
0.4.41.			Na	me .		resed Wileld	
SAAVEDRA, JOSE A ESO.				SAAVEDRA JOSE A ESO Street Address (P.O. Box Number is Not Acceptable)			
	RICKELL AVENUE			9400	S - DADELAND BOULEVARD		
8TH FLOOR					HOUSE_FIVE		
:MIAM) F	L 33131	n ₀ . ▲	- Cit				
8. The above	e nâmed entity submits this statement to	Or the ournose of changing its	,	MIAM		FL Zip Co	156
the obliga	e nâmed entity submits this statement fations of registered agent	or the purpose of changing its	registered on	ce or registered	I agent, or both, in the State of Florida.	. I am familiar with	h, and accept
SIGNATURE	Mr. a	Sad	ta jegot za Bolovico	- 1		1.5	il
OIGHA! ONE	Signature, typed or protect name of registered agent	and title if applicable. (NOTE	: Registered Agent	signature required wr	men reinstations	DATE	
Afte	FILE NOW! A FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND				Election Campaign Financial Trust Fund Contribution.	☐ Adde	00 May Be ad to Fees
TITLE	D	Delete Delete	11.		ADDITIONS/CHANGES TO OFFICER		
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			CITY-ST-ZIP				
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TY-ST-ZIP			CITY-ST-ZIP]
2. I hereby ce indicated o of the corp	ertify that the information supplied with the orthis report or supplemental report is the oration or the receiver or trusted employer.	his filing does not qualify for the rue and accurate and that my a vered to execute this report as		tated in Section have the same	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; thr	r certify that the init	formation or director