

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000001244

1. Entity Name

FILED

02 NOV 15 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

500009013765
11/15/02--01012--016 **750.00

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2. Principal Place of Business

1925 Brickell Ave

3. Mailing Address

Suite, Apt. #, etc.

#D206

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33129

Country

USA

Zip

Country

4. FEI Number

65-1078897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Roger Besu

Street Address (P.O. Box Number is Not Acceptable)

1925 Brickell Ave. #D206

City Miami

FL

Zip Code 33129

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IN THIS SPACE**

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 corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME Dominguez, Alvin
STREET ADDRESS 1925 Brickell Ave. D206
CITY-ST-ZIP Miami FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME Besu, Roger
STREET ADDRESS 1925 Brickell Ave. D206
CITY-ST-ZIP Miami FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Besu, Secretary

Date

Daytime Phone #

11/9/02

205-874-6363