FOR PROFIT CORPORATIONS UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

ONIFORM BUSINESS REPORT (UBR)				Secretary of State
DOCUMENT # PO10000 7759 1. Entity Name				05-29-2002 93598 021 ***150.00
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				-
2. Principal Place of Bus		3. Mailing Address	U 88 TE	70.0
12942 SW 88 TERR Suite, Apt. #, etc.		12942 Su 88 TERR Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Class				·
City & State Mirami	FL	City & State	<u>-</u> L.	4. FELNumber 09 083 Applied For
Zip 33186	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
23106	MA	33186	400	Fee Required
	·		Name	7. Name and Address of Current Registered Agent
DU NUI VVRIIE Street Address (F				JULIO C. SALAS
				address (P.O. Box Number is Not Acceptable)
ı	M ILIO OL	ACE		
_		<u>.</u>	City	Mirani FL Zin Gode
8. The above named enti	ity submits this statement for	the numose of changing its	registered office or	registered agent, or both, in the State of Florida.
(A)		the purpose of changing its	registered office of a	
SIGNATURE	// '			4/29/02
	d of printed name of registered agent a			ure required when reinstating) DATE
This corporation is eligible. Tax filing requirement	gible to satisfy its Intangible	January 1 - M	ay 1 Fee is \$150. 1; Fee is \$550.00	
(See crite on back)	and elects to do so.	Amended Make Check Payabl	UBR is \$61.25	Trust Fund Contribution
11.	OFFICERS AND D		e to Department	or state
10LE P, S,]			TITLE	
	O C. SALAS 2 SW 88T	r>0 <i>0</i>	NAME	
	2 SW 88 T NOFE 3318		STREET ADDRESS	
TITLE	W/1 2 33 18		CITY-ST-ZIP,	
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ITY-SI-ZIP			CITY-ST-ZIP	•
 I horony cortify that the 	information burnline with the	is filing does not qualify for th	and the second s	13.00

indicated on this report or supplies 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 processor of fusive 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 an other like empowered.

SIGNATURE:

JULIO C. SALAS

4/29/02 (305)2655804