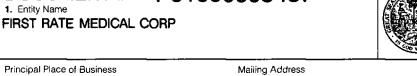
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000008437 DOCUMENT

1. Entity Name

10850 W FLAGLER ST. STE D304



10850 W FLAGLER ST. STE D304

FILED May 05, 2003 8:00 am Secretary of State

150.00

05-05-2003 91168 036 **	*

MIAMI FL 33174			MIAMI FL 33174				. (2011) POL 151. O DINI 21013 ADIN 60111 D	1111 april 3212	(1811) (1886)	(11) (11) (11)	
2. Principal Place of Business		ness	3. Mailing Address				t ibatigat iin paiki ilait naiki baki a	0			
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
						-					
City & State			City & State			4.	FEI Number 65-1070728			plied For t Applicable	1
Zip		Country	Zip	Countr	у	5.	Certificate of Status Desired		8.75 Add e Require		
	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
					Name						
	ez, maurio		Street Address			(P.O. Box Number is Not Acceptable)					٦
		T, STE D304		-							-
MIAMI FL	33174	ji.		Ì							
\$ 4		\$. ** . **		Γ	City			FL	Zip Code	9	
8. The above the obligat	named entity ions of regist	y submits this statement for t	the purpose of changing its i	registered	office or registe	ered ag	ent, or both, in the State of Floric	la. I am far	niliar with,	and accept	
SIGNATURE .	_										
,* .		or printed name of registered agent an	d title if applicable. (NOTE:	: Registered	Agent signature require	ed when re	einstating)	DATE			1
		I-FEE-IS \$150.00 ~		• •			9. Election Campaign Finan	cina ~	\$5.0	O May Be	
		3 Fee will be \$550.00 Florida Department of \$	State				Trust Fund Contribution.		Added	to Fees	
10.		OFFICERS AND DIRECTORS 11		11.		AD	DITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS	\$ IN 11]_
TITLE	D	-7	☐ Delete	TITLE					Change	□ Addition	5
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CITY-ST-ZIP				CITY-S	1						<u> </u>
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NAME		EZ, MAURICIO	NAM					_	_	-	١
		LAGLER ST, STE D304			ADDRESS						1
	MIAMI FL 3	33174		CITY-S	T-ZIP						┦
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STREET ADDRESS				2	ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						

12. 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 receivery trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

Date