

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 021 \*\*\*150.00

**DOCUMENT #** P01000011499  
1. Entity Name  
**CUBS COMPANY**

**90008730**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**610 SW 114 AVE**  
Suite, Apt. #, etc.  
**APT 11**  
City & State  
**MIAMI FLORIDA**  
Zip  
**33174**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country


DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1073568**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**RAMON V. PELLER**  
Street Address (P.O. Box Number is Not Acceptable)  
**610 SW 114 AVE**  
City  
**MIAMI** FL Zip Code  
**33174**

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  **JANUARY 20, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

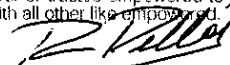
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
Tax filing requirement and elects to do so. (See criteria on back)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RAMON V. PELLER 610 SW 114 AVE MIAMI, FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JANUARY 20, 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)