2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		0019622		Seci	retary 0 3-2002 90055 00	of Sta	ite	
Principal Place of Business 1840 WEST 49 ST SUITE 104 HIALEAH FL 33012		Mailing Address 1840 WEST 49 ST SUITE 104 HIALEAH FL 33012						
2. Principal Place of Business		3. Mailing Address			 	440 4011 0 (51140 41	£10	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65 ~ / / / 0	0611		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status D		\$8.75 Addi	itional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address o	f New Registered A	gent	-	
DEDDIO /	MAMIDO		Name				j	
BERRIO, AMANDO. 549 MILLER DRIVE MIAMI SPRINGS FL 33166			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI SPI	MINGS PL 33100		City		FL	Zip Code)	
8. The above	e named entity submits this statement for the	ne purpose of changing its re	L egistered office or registe	ered agent, or both, in the Sta	ate of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and	title it applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		ate 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees				
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES	TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRIO, AMANDA 549 MILLER DEIVE MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐] Change	Addition	
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indicated of the cor	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall have the	same legal effect as if made	under oath: that I ar	m an officer c	or director	

SIGNATURE:

1-14-02 305 557-2072
Date Daylime Phone #