## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

AREDITORS, CORP.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

1. Entity Name

4761 SW 154 CT

MIAMI FL 33185

P01000021043

Mailing Address

4781 SW 154 CT

MIAMI FL 33185

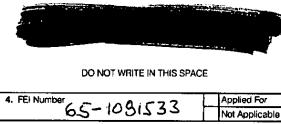
3. Mailing Address

Suite, Apt. #, etc.

## FILED Jun 03, 2002 8:00 am Secretary of State

06-03-2002 91205 002 \*\*\*150.00





City & State			City & State			4.	FEI Number 65-10915	33	Applied For Not Applicable
Ζiρ	Country Zip			Country		i	Certificate of Status Desired	¢0 75 .	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
RUBALCABA, ANTONIO					Name  Street Address (P.O. Box Number is Not Acceptable)				
-4761`SW` MIAMI FL				æ, <del>, , , ,</del>					
-					City FL Zip Code				
8. The above	e named entit	y submits this statement for t		register	ed office or	registered ag	gent, or both, in the State of Florida.		_
SIGNATURE	Signature, typed	OF PRINTED DATE OF PRINTED AGENT AND	TAUA PA	E: Registere	d Agent signat.	are required when r	L DD ((	10, Z00	
Tax filing requirement and elects to do so. After May 1, 200				02 Fee	FEE IS \$150.00 2 Fee will be \$550.00 a to Department of State		10. Election Campaign Financin Trust Fund Contribution.		00 May Be ad to Fees
11. OFFICERS AND DIRECTORS					12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete RUBALCAVA, ANTONIO 4761 SW 154 CT MIAMI FL 33185				E Et address -st-zip			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESTEFANIA ROVALCABA 4761 SW 1541 CT				E Ft address -St-Zip			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete					☐ Change	Addition
TITLE NAME "STREET ADDRESS" CITY-ST-ZIP			Delete	TITLE NAME STREE			energia de la company de la co	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Defeta					☐ Change	Addition .
TITL C				7171.5				C1 A1	

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 is 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 sective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with \$1 or block 12 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WEIGHT LINE WEGLERED

P85 10, 500 5

305 227 3515

rta

Daytime Phone (