2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0023712			Secretary 0 04-17-2002 90031 01	of Sta	ate	
Principal Place 9550 BAY HA BAY HARBOR	Mailing Address 9550 BAY HARBOR TERR., ST BAY HARBOR ISLAND FL 3315							
	ace of Business	3. Mailing Address	Tarres			 	0	
Suite, Apt.	y Harbor TEXNOCE	Suite, Apt. #, etc.	Apt. #. etc.		DO NOT WRITE IN THIS SI	PACE		
SUITE	#214	SUITE #214						
City & State	BON ESLAND, FL	City & State BOY HAROOR ISCAND, FC		4.	65 - 10841 <i>0</i> 0	<u> </u>	olied For Applicable	
Zip 33	Country		USA	[Certificate of Status Desired	8.75 Addi ee Required		
	6. Name and Address of Current			7.	Name and Address of New Registered A			
			Name			<u>ر شەھىتىدىن</u>		
ZALAC, ALEJANDRO				Street Address (P.O. Box Number is Not Acceptable)				
53 WEST 3 ST.					44 m			
HIALEAH FL 33010								
			City		<u>FL</u>	Zip Code		
	Signature, typed or printed name of registered agent a	FILE NOW!!! FI		0	10. Election Campaign Financing) May Be	
	equirement and elects to do so. ia on back)	After May 1, 2002 For Make Check Payable to			Trust Fund Contribution.	Added	to Fees	
11.	OFFICERS AND	DIRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERENSTEIN, LEONARDO A 9781 E. BAY HARBOR DR., APT MIAMI FL 33154	4	TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEIN, LEUNARDO A. Bay HARBUR TENRACE #214 WARBOR ISLAND , FZ 331	⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHANOVSKY, DANIEL 9781 E. BAY HARBOR DR., APT MIAMI FL 33154	4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n 7	OUSKY DANIEL BBY HAMSOIL TERRACE #21 MOUR ISLAND, FL 33/51	Ø Change 4	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	لد دلاله در در المحتول و بالدر مراكب محاولة المحاولات المراسم	ال العدمة الاجتماع الريق بعدد الت حدم الم الم. ا	TITLE NAME	ಷಭ್ಯಗಾಲ ಉ		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.00.000.00	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
indicated	on this report or supplemental report is	true and accurate and that my sig	nnature shall ba	ve the same	n 119.07(3)(i), Florida Statutes. I further certi e legal effect as if made under oath; that I ar rida Statutes; and that my name appears in	m an officer i	or director	