## 2003 FOR PROFIT CORPORATION

## FILED Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000026304 DOCUMENT # 1. Entity Name 04-07-2003 90138 032 \*\*\*150.00 ACTION & PROMOTION OF MIAMI, CORP. Principal Place of Susiness g Address 7324 SW 48TH ST 732 SW 48TH ST MIAMI .FL 33155 MIÁMI FL 33155 incipal Place of Business 3. Mailing Address NW 73 terrale Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 94-3391542 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COUTO, CLAYDE-MARY. 5421 N.W. 74 AVE. MIAMIFE 33166 City 8. The above named enti mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis fagent. SIGNATURE stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OB ☐ Addition TITLE ☐ Defete Simoes, benise martins SIMOES, DENISE MARTINS NAME NAME 5421 N.W. 74 AVE. MIAMI FL 33166 11333 NW 73 terrale STREET ADDRESS STREET ADDRESS MIAMI , FL 33 178 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete SILLOWS, ROBERTO MARINO SIMOES, ROBERTO MARINO NAME NAME 11333 NW 73 terrace 5421 N.W. Z4 AVE. STREET ADDRESS STREET ADDRESS MHAMI FL 33166 CITY-ST-ZIP CITY\_ST\_7IP <u>lliami, FL</u> 33178 SD TITLE Delete TITLE ☐ Change Addition DA COSTA MARTINS, BENÉ NAME NAME 5421 N.W. 74 AVE STREET ADDRESS STREET ADDRESS MIAMI-FE 33166 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME

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 supplimental 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 on 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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #