## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # P01000031047					Secretary of State 04-09-2002 91159 028 ***150.00	
	ALEIDA MARKET ]	NC.	j			
	DO NOT WRITE	IN THIS SI	PAC	E	80,061923	
	Place of Business	3. Mailing Address			<b>Ωθ,001039</b>	
1810 S.W. 3rd Street Suite, Apt. #, etc.		1150N.W. 72nd Ave., Suite Apt. #, etc. 555		Ave.,	DO NOT WRITE IN THIS SPACE	
City & Stat	te	City & State		·	4. FEI Number Applied For	
<u>_Miam</u>	i, Fl	Miami, FF1.			65-1090148 Not Applicab	
Zip 3313	Country USA	<sup>Zip</sup> 33126	Cour US		5. Certificate of Status Desired \$8.75 Additional Fee Required	
					7. Name and Address of Current Registered Agent	
				Name		
DO NOT WRITE				Street Address (	(P.O. Box Number is Not Acceptable)	
;	IN THIS SP	ACE				
		ACL				
				City	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	realster	ed office or register	red agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	ed Agent signature required	d when reinstating)  DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	January 1 - M After May Amended Make Check Payabl	1, Fee i	is \$550.00 is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.	OFFICERS AND					
TITLE	P/D		TITLE			
NAME Street address (	Carlos H. Gonzal	ez	NAM	F I		
CITY-ST-ZIP	24600 S.W. 212 A		ř	+		
TILE .	Homestead, Fl. 3	ve.	STRE	ET ADDRESS -ST-ZIP		
THEE	•	ve.	STRE	EET ADDRESS -ST-ZIP		
	T/S/D	ve.	STRE CITY	EET ADDRESS -ST-ZIP		
IAME STREET ADDRESS	T/S/D Ana A. Lopez	ve. <del>3031</del>	STRE CITY TITLE NAME	EET ADDRESS -ST-ZIP		
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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 mith all other like empowered.

SIGNATURE: \(\perp\)

Carlos FI Gonzalez

3/23/02

305-994-7533

Daytime Phone #

CR2E034B (12)