08/02 305-856-V337

## **2002 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P01000053437				Jan 16, 2002 8:00 am Secretary of State		
,	The state of the s			01 10 2002 70207 051 150		
Principal Place of Business 435 S.W. 19TH ROAD MIAMI FL 33129		Mailing Address 435 S.W. 19TH ROAD MIAMI FL 33129				
			-			
2. Principal F	Place of Business	3. Mailing Address			196) 196!	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	е	City & State			ed For pplicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required	nal	
	6. Name and Address of	Current Registered Agent	Name	7. Name and Address of New Registered Agent		
NOYA, JO	DRGE	·		ress (P.O. Box Number is Not Acceptable)		
	19TH ROAD		Sileet Addit	ess (F.O. box Number is Not Acceptable)		
MIAMI FL	33129		City	FL Zip Code		
A. The above	named entity subbits this sa	tement for the purpose of changing its	registered office or red	gistered agent, or both, in the State of Florida.		
SIGNATURE .	Longhon	A	Registered Agent signature re	1/08/02		
Tax filing	oration is eligible to saysfy its I requirement and elects to do s ia on back)	<u> </u>	! FEE IS \$150.00 2 Fee will be \$550. e to Department of	I ITUST FUNG L'ODITIDUTION I I Added to :		
11.		ERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NOYA, JORGE 435 S.W. 19TH ROAD MIAMI FL 33129	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐	_ Addition	
TITLE		☐ Delete	TITLE	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐	Addition	
NAME		□ Delete	NAME	☐ Glange ☐	_ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TTLE		☐ Defete	TITLE	☐ Change	Addition	
IAME STREET AOORESS SITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	,		
TILE		☐ Delete	TITLE	☐ Change	Addition	
IAME Treet address			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
I3. I hereby of indicated of the corporated.	ertify that the information supponthis report or supplementa coration or the receiver or trust or on an attachment with an a	oliad with this filing does not qualify for the properties true and accurate and that me tage empawered to execute this report a support of the properties o	the exemption stated in y signature shall have s required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the inform the same legal effect as if made under oath; that I am an officer or d r 607, Florida Statutes; and that my name appears in Block 11 or Blo	nation lirector ock 12 if	