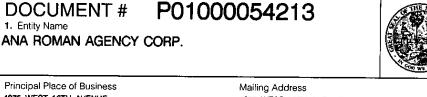
## **2003 FOR PROFIT CORPORATION**

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





## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90081 008 \*\*\*150.00

	6TH AVENUE 33012	4375 WEST 16TH AVENUE HIALEAH FL 33012					( <b>/61/100</b> / N/ <b>61/1</b> 0 (181/ 61/1 61/1 61/1	<b>FRIS</b> H <b>S</b> ILIH SI			
2. Principal	Place of Business	3. Mai	3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & Sta	te	City	City & State				4. FEI Number 65-1111774 Applied For Not Applicable				
Zip	Country		Zip	Zip Cou			5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ditional
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registe	red Agen	t	****
DOMANI		Name									
ROMAN,			Street A			Iress (P.O. B	ess (P.O. Box Number is Not Acceptable)				
	ST 16TH AVENU										
HIALEAH FL 33012											
•						City			FL Z	Zip Cod	e
8. The above named entity submits 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 obliga	tions of registered	d agent.			-						and doodpt
SIGNATURE		×.									
OIOI VIIOIL		nted name of registered agen	and title if appl	icable. (NOTE	: Registere	d Agent signature i	required when re	einstating)	ATE		<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.	9 🗆		May Be to Fees
10.		DIRECTOR	DIRECTORS 11.			ΔD	L DITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	2 (8) 4 1	
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:** 

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