## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

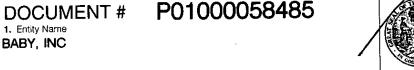
1. Entity Name

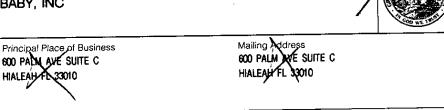


Secretary of State 05-05-2003 91844 019 \*\*\*150.00

FILED

May 05, 2003 8:00 am





ALEATY PE 33010		
Principal Place of Business	3. Mailing Address	I (BBildell (in Beidt tight gentt gentt gentt genet grant gentt gentt gent
		1

2. <u> 10585 SW 109th Court</u> SW 109th Court 10585 Suite, Apt. #, etc. Suite, Apt. #, etc. 201 201 City & State City & State Miami Miami Country Country Zip US

CHECK HERE IF MAKING CHANGES Applied For FEI Number 65-1112639

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

33176 33176 US 6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent Name

Buroserv Street Address (P.O. Box Number is Not Acceptable)

Suite 201 City Miami

<sup>Z</sup>3°3°1°76

	The state of the City	to of Florida. Lam familiar with, and accept
8. The above named entity submits this statement for the purpose of changing its regis	stered office or registered agent, or both, in the Sta	ale of Fibrida. Tariffarmia with and dooop
the obligations of registered agent	Francisco De La Paz	4/30/2003
SIGNATURE		DATE
STOTIAL COLOR STOTIAL CONTROL OF	stered Agent signature required when rainstating)	DAIE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 ( Make Check Payable to Florida Department of State

BALLINÁ, VOHN 600 PALM AXE SUITE C

> 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE Delete psd TITLE NAME **BALLINA, JOHN** Ballina, John NAME STREET ADDRESS 1431 Sarria Ave 600/PALM/AYE/SHITE/CI STREET ADDRESS CITY-ST-ZIP HHALIEAN IFL (83010 CITY-ST-ZIP Coral Gables, Fl 33146 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 other life on an attachment with all other life components. s, with all other like empowered. on an attachme

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