**2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2003 8:00 am Secretary of State 05-23-2003 90143 010 \*\*\*150.00

1. Entity Nan	MENT # PO1  HETAZO CLOTHING DIS												
Principal Plac	ce of Business	Mailin	Mailing Address				90137591						
17900 NW 84			17900 NW 84TH AVENUE MIAMI FL 33015-2608								,		
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2. Principal F	Place of Business	3. Mai	3. Mailing Address										
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Suite, Apt.	. #, etc.	Suit	Suite, Apt. #. etc.				CHECK HERE IF MAKING CHANGES						
City & Sta	te	City	City & State				4. FEI Number 65-1118268 Applied Fo					pplied For of Applicable	<b>,</b>
Zip	Country		Zip -		Country		5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Cu	rrent Registere	Registered Agent			7. Name and Address of New Registered Agent							╡ .
MIDALLES	C-Cimi EDNO		Name Gl		Mo	MI	RAL	les	·	<u> </u>			
MIRALLES, GUILLERMO  17900 NW 84TH AVENUE					Street Add	ress (P.O. I	Box Numb	er is Not Ac	ceptable)	11	41/C		
	33015-2608				MIBI	4/	FI		230	7/-	<del></del>	7	
					City		·7	_/		FL	Zip Cod	0	1
	named entity submits this statem lons of registered agent.	ent for the purp	ose of changing its	registere	ed office or re	gistered aç	gent, or bo	th, in the St	ate of Flori	da. lemi	familiar with,	and accept	7
SIGNATURE													
	Signature, typed or printed name of registered		icable. (NOTE:	Registered	d Agent signature r	edmed wyeu t	einstating)		<del></del>	DATE			-
	ILE:NOWIII=FEE-IS:\$150.0 r May 1, 2003 Fee will be \$55					ection Camp		ncing	\$5.0	May Be	<u>. </u>		
<u> </u>	k Payable to Florida Departm		. <u> </u>				<u> </u>						]
10.	PSTD	AND DIRECTO	RS . Delete	11.		ÄE	DITIONS	CHANGES	TO OFFIC	ERS AND	DIRECTOR:	S IN 11	gr
NAME	MIRALLES, GUILLERMO			NAME					* .		C Gridings		100
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CITY-SI-ZIP	<u> </u>	·			ST-ZIP	·	<b>-</b>				<del>_</del>		{
12. I hereby certify that the information supplied with this filling 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.													. <u>:</u>
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SIGNATURE: STORTUR AND TYPED ON PRINTED NAME OF SIGNING OFFICE OR DESIGNATION OF SIGNING OFFICE OR											i.		