## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 19, 2002 8:00 am Secretary of State

P01000072278 DOCUMENT # 1. Entity Name BORDIAS ENTERPRISES INC. Principal Place of Business Mailing Address 5827 SW 144 CIRCLE PLACE 5827 SW 144 CIRCLE PLACE 93806 MIAMI FL 33183 MIAMI FL 33183 2. Principal Place of Business - 10000 W W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 651121371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUZMAN, JOSEPHINE 1800 SW 1 ST #208 MIAMI FL 33135 8. The above named entity submits this statement for the purpose of changing its registered of SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution, Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)Change ☐ Addition DIAZ, ROBERTO P NAME MAME 5827 SW 144 CIRCLE PLACE STREET ADDRESS STREET ADDRESS **CR2E034** CITY - ST - ZIP MIAM! FL 33183 CITY-ST-ZIP TITLE **G** Delete TITLE BORGES, MODESTO NAME NAME STREET ADDRESS 4280 SW 5 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-7IP TITLE Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: