## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 06, 2002 8:00 am Secretary of State

| DOCU<br>1. Entity Nam                       | MENT# PO1000<br>Wowhause s In  | Secretary of State 02-06-2002 90030 039 ***150.00  |   |   |  |  |   |                                       |                  |
|---|--|--|---|---|--|--|---|---------------------------------------|------------------|
| l   | DO NOT WRITE   | IN THIS SP   | ACE   |   | ,  |  |   |                                       |                  |
| 2. Principal P                              | lace of Business   | 3. Mailing Address Box   | 558   | 087   |  |  |   |                                       |                  |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.  |   |   | . DO NOT WRITE IN THIS SPACE   |  |   |                                       |                  |
| City & State                                | e  | City & State MiAmi, F  | :1  |   | 4. FEI Number  | 35830  |   | pplied For                            |                  |
| Zip   | Country  | Zip 33255  | Country                                       | IP .  | 5. Certificate of Star   |  | \$8.75 Add  |                                       |                  |
|   |  |  |   |   | 7. Name and Addres   | s of Current Registe   | Fee Require<br>red Agent                                    |                                       |                  |
|   | DO NOT W   | E-1-7-1-   |   | $\mathcal{J}$   | jorge G  | onzalez  |   | }                                     |                  |
| DO NOT WRITE                                |  |  |   | Street Address (P.OBox Number is Not Acceptable) + Street |  |  |   |                                       |                  |
|   | IN THIS SP   | ACE  |   |   |  |  |   |                                       |                  |
| 1   | $\Lambda$  |  | Cit   | MI  | Ami  | F  | Zip Cod   | 3126                                  |                  |
| 8. The above                                | named entity submits this statement to   | r the purpose of changing its re   | egistered offi                                | ce or registero   | ed agent, or both, in the  | ١ ــــــــــــــــــــــــــــــــــــ   | 802   |                                       |                  |
| Tax filing re                               | oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)  OFFICERS AND  | January 1 - May After May 1, Amended 8 Make Check Payable  | Fee is \$55<br>UBR is \$61                    | 0.00<br>.25   | Trust Fund   | Campaign Financing d Contribution.   |   | May Be to Fees                        |                  |
| TITLE                                       | Contalez. Joege<br>72,80 NW 8+h 8+   |  | TITLE   |   | · · · · · · · · · · · · · · · · · · ·  |  |   |                                       | <u>(</u>         |
| NAME<br>STREET ADDRESS                      | TOBO NW 8th A  | rete 1   | NAME<br>Street addi                           | RESS  |  |  | . •   |                                       | CR2E034B (12/01) |
| CITY-ST-ZIP                                 | Milami (Fl. 3312   |  | CITY-ST-ZIP                                   | į.  |  | 4  |   |                                       | 3                |
| TITLE                                       | Gonzalez, CILLIA<br>7280 NW B+h St   | +  | TITLE   |   |  |  |   |                                       | X<br>T           |
| NAME<br>STREET ADDRESS                      | 4280 NW BT >1  | ree  | NAME<br>Street adds                           | RESS  |  |  | ·   | 1                                     | ر                |
| CITY-ST-ZIP                                 | MIAMILICI. 3312  | <u> </u>   | CITY-ST-ZIP                                   |   | <u></u>  | •<br>  |   | ·                                     |                  |
| TITLE<br>NAME                               |  |  | TITLE<br>NAME                                 |   |  | ·  |   |                                       |                  |
| STREET ADDRESS                              |  |  | STREET ADDR                                   |   | חח   | NOT WR   | ITE   |                                       |                  |
| CITY-ST-ZIP                                 | <del> </del>   |  | CITY-ST-ZIP                                   |   | The second secon | the state of the s | B   | · · · · · · · · · · · · · · · · · · · | ٠.               |
| TITLE<br>NAME                               |  |  | TITLE .                                       | *   | IN T   | HIS SPA  | CE  | ļ                                     |                  |
| STREET ADDRESS                              |  |  | STREET ADDR                                   | i)  |  | , p  |   |                                       |                  |
| CITY-ST-ZIP<br>TITLE                        | <del>_</del>   |  | CITY-ST-ZIP<br>TITLE                          |   |  |  | <del> </del>  | <u> </u>                              |                  |
| NAME  |  |  | NAME  |   |  |  |   |                                       |                  |
| STREET ADDRESS CITY-ST-ZIP                  |  |  | STREET ADDE                                   | ESS   |  | en e   |   |                                       |                  |
| TITLE                                       |  |  | TITLE   |   | ***************************************  | <u></u>  | · · · · · · · · · · · · · · · · · · ·                       |                                       |                  |
| NAME  |  |  | NAME  | <u> </u>  |  |  |   | 1                                     |                  |
| STREET ADDRESS  <br>CITY-ST-ZIP             | <b>\</b>   | _  | STREET ADDR                                   | ESS   |  | 44   |   |                                       |                  |
| 13. I hereby continuing the corporattachmen | ertify that the information supplied with<br>on this report or supplemental report is<br>poration of the receiver or truttee emp<br>at with an address, with all other like em | this filing does not qualify for the<br>true and accurate and that my<br>tweled to execute this report a<br>powered. | ne exemption<br>signature sh<br>as required b | n stated in Sec<br>iall have the s<br>by Chapter 60       | ction 119.07(3)(i), Floricame legal effect as if r<br>07, Florida Statutes; and  | da Statutes. I further c<br>nade under oath; that<br>d that my name appea  | ertify that the in<br>I am an officer of<br>ars in Block 11 | iformation<br>or director<br>or on an |                  |