FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2002 8:00 am

1. Entity N	UMENI# SALEO LO	286761 101 ESITES IN	c, V	/	05-16-2002 9006	or State 51 002 ***150.00	
	DO NOT WRITI	E IN THIS S	PACE				
	al Place of Business	3. Mailing Address	 				
946 Suite, A	0 NW, JZ STREET pt. #, etc.	9460 NW,	12 STE	EET			
SUIT	SUITE ZOI		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & St		City & State MISMI, FLORIDA			4. FEI Number	Applied For	
Zip	Country	Zip	Country		6511 35 443	Not Applicable	
331	12 USA.	33172	USA			\$8.75 Additional Fee Required	
	Manual Carlos Ca		Name		Name and Address of Current Registered		
	DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
1	IN THIS SF	PACE	Suite Address (NW 12 STEET.		
		AUL					
			City	MIDM	, FL	Zip Code 33172	
8. The abov	e named entity submits this statement fo	r the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida	33172	
SIGNATURE					Salar Sa		
0.0.0.0.0.0	Signature, typed or printed name of registered agent (and title if applicable. (NO II	L: Registered Agent sigi	nature required v	when reinstating) DATE		
9. This corp	9. This corporation is eligible to satisfy its intancible. January 1 - May 1 Fee is \$150 po				v v		
(See criteria on back) After May 1, Fee Amended UBR				00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
11.	OFFICERS AND	Make Check Payab	le to Departme	nt of State	rust Fund Contribution.	Added to Fees	
TITLE	PRESIDENTE	 	TITLE				
name Street address	PATEICID A. LARELE	A H.	NAME	1		CR2E034B (1201)	
CITY+ST-ZIP	9460% NW. 12 STR	三さT [・]	STREET ADDRESS	İ		172	
TITLE	VICEPRESIDENTE	<u> </u>	CITY-ST-ZIP	ļ. <u></u>		25 B	
NAME	FAUSTO UTRERAS	M.	TITLE NAME	1			
TREET ADDRESS	9460 NW, 12 STEE	Ξ τ.	STREET ADDRESS			\ 8	
ZITY-ST-ZIP	MIDMI, FL 33 (5	72	CITY-ST-ZIP	1			
itle Iame	SECRETARIO PEDRO P. UTRERA	s 1	TITLE				
TREET ADDRESS	9460 NW, 12 ST.	, ···	NAME	ļ		ļ	
TTY-ST-ZIP	MIDMI, FL. 3315	72	STREET ADDRESS CITY ST ZIP		DO NOT WRIT	'E	
ITLE			ΠΤιε				
TREET ADDRESS			NAME	ı	IN THIS SPAC	E	
TTY-ST-ZIP			STREET ADDRESS	ļ			
ITLE			CITY-ST-ZIP	<u> </u>			
AME			TITLE NAME				
TREET ADDRESS	•		STREET ADDRESS				
TLE		<u>.</u>	CITY-ST-ZIP			1	
AME			TITLE	-			
REET ADDRESS			NAME STREET ADDRESS			ļ	
Y-ST-ZIP			CITY ST. 7IP		•		
indicated o	ertily that the information supplied with the on this report or supplemental report is true.	is filing does not qualify for th	e exemption state	ed in Section	n 119.07(3)(i), Florida Statutes. I further certify to elegal effect as if made under oath, that I are a	hat the information	
or the corp attachment	poration or the receiver of trustee empower twith an address, with an other like	vered to execute this report a	is required by Ch	ive ine sam apter 607, F	n 119.07(3)(i), Florida Statutes. I further certify t e legal effect as if made under oath; that I am a florida Statutes; and that my name appears in	In officer or director	
	- TVal-171				, , , , , , , , , , , , , , , , , , ,	DISCRETE OF OH SEE	
IGNATU	JRE: 4 4 4 4 10 10 10 10 10 10 10 10 10 10 10 10 10	TCS / PEDI	PO F. UT	ZERAS	.A. 04/29/02 786	367 9877	
	Carried Control of Philip	TES NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Phone #	