2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000088617 DOCUMENT

1. Entity Name

MARGARITA BLANCO & ASSOCIATES, INC.



FILED Jan 30, 2003 8:00 am Secretary of State 01-30-2003 90151 015 ***150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET							11.51						
Sure, Act. #, stot. Sure, Act. #, stot. Sure, Act. #, stot. Sure, Act. #, stot. Sure, Act. #, stot. Act Actional Sure, Act. #, stot. Act. Act. #, stot. Act. Act. #, stot. Act. Act. #, stot. Act. Act. #, stot. #,	2851 NE 183RD ST. UNIT 2108		2851 UNIT	2851 NE 183RD ST. UNIT 2108				1 1 00 1/00 (11 8 1 21 8 31 88 312 88 111	SAIRI OORAT IRADI		31 8 11 # 88 1 # 88 1	
Sulte, Apt. 4, ratio. Country C	2. Principal F	Place of Business	3. Ma										
C-I D3 Country Country	Suita Ant	# oto	37			<u>Biva.</u>		_					
Section Sect	Juite, Apt.	· π, 6ιc.	_						HECK HERE IF	MAKING CI	HANGES		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCO, MARGARITA 2851 NE 183RD ST. UNIT 2108 AVENTURA FL 33160 8. The above named entity submits this statement for the purpose of changing its registered organic revealing to the obligations of registered agent. SIGNATURE SIGNATURE FL 235660 8. The above named entity submits this statement for the purpose of changing its registered organic revealing to the obligations of registered agent. In the obligations of registered agent. In the state of Florida. I am hamiliar with, and accept the obligations of registered agent. In the obligations of registered agent. In the obligations of registered agent. In the state of Florida. I am hamiliar with, and accept the obligations of registered agent. In the obligation of reg	City & Sta	te	1 - 1		FI	orid	a.	4. FEI Number 6	5-1137644	or '	 	·	
BLANCO, MARGARITA 2851 NE 183RD ST. UNIT 2108 AVENTURA FL 33160 8. The above named entity submits this statement for the purpose of changing its registered dilace or registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligations of registered agent, or born, in the State of Florida. Team all accept the obligation of registered agent, or born, in the State of Florida. Team all accept the obligation of registered agent, or born, in the State of Florida. Team all accept the obligation of registered agent, or born, in the State of Florida. Team all accept the obligation of registered agent, or born, in the State of Florida. Team all accept the	Zip	Country		160	Coun	try		5. Certificate of Sta	tus Desired				
BLANCO, MARGARITA 2851 NE 163RD ST. UNIT 2108 AVENTURA FL 33160 8. The above named entity submits this statement for the purpose of changing its registanced office or registared agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2009 Fee will be \$550.00 Make Chack Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BLANCO, MARGARITA SIGNATURE BLANCO, MARGARITA STRET ADDRESS OTY-51-2P AVENTURA FL 33160 Delde MAKE GAVRIA, ENRIQUE STRET ADDRESS OTY-51-2P Delde TITLE MAKE GAVRIA, ENRIQUE STRET ADDRESS OTY-51-2P TITLE MAKE TITLE STRET ADDRESS OTY-51-2P TITLE MAKE STRET ADDRESS		6. Name and Address of Currer					1	7. Name and Addr	ess of New Re	gistered Age	nt .		_
2851 NE 163RD ST. UNIT 2108 AVENTURA FL 33160 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the chilgators of registered agent. SIGNATURE AGENCY STATE BLAND FILE STATE STATE FILE STATE SIGNATURE AGENCY STATE AGENCY STATE FILE STATE FILE STATE FILE STATE AND JUST STATE SIGNATURE AGENCY STATE FILE STATE FILE STATE FILE STATE AND JUST STATE AND JUST STATE AND JUST STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE BLANCO, MARGARITA SIGNATURE AGENCY STATE GAMPIN AFL 33160 CITY ST-2P THE MAKE SIGNATURE AGENCY STATE BLANCO, MARGARITA SIGNATURE AGENCY STATE SIGNATURE AGENCY STATE AVENTURE AGENCY STATE Change Addition MAKE SIGNATION STATE SIGNATURE AGENCY STATE MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE MAKE SIGNATION STATE AGENCY STATE MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE MAKE SIGNATION STATE Change Addition MAKE SIGNATION STATE Change The Addition MAKE SIGNATION STATE SIGNATION STATE SIGNATION STATE SIGNATION STATE SIGNATI			·			Name	. R/G	Δ D TΔ	FILA	1/0-			7_
UNIT 2108 AVENTURA IS 3160 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Flux Policy Pol							Street Address (P.O. Box Number is Not Acceptable)						
AVENTURA FL 33160 CIX FILTURA FL 33360 CIX FILTURA FL 33360 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent, or both, in the State of Florida. I am familiar with, and society the obligators of registered agent, or both, in the State of Florida. I am familiar with, and society that the information supplied with his filing does not qualified the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and society that the information supplied with his filing does not qualify for the exemption stated in Section 119,07(3/ii). Florida Statuse, I further partity that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3/ii). Florida Statuse, I further partity that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3/ii). Florida Statuse, I further partity that the information supplied with that the information supplied with that the information supplied with the titling does not qualify for the exemption stated in Section 119,07(3/ii). Florida Statuse, I further partity that the information supplied with the titling does not qualify for the exemption stated in Section 119,07(3/ii). Florida Statuse, I further partity that the information supplied with the title information.						5/0	٥٥	ISLAN	ID BL	.V D.			+
8. The above named entity submits the statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of purpose of changing its registered agent, or both. In the State of Florida. I am familiar with, and accept the obligation of purpose of changing its registered agent. SIGNATURE Suppose of purpose of purpose of the state of State and State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida. I am familiar with, and accept the state of Florida State of Florida State of Florida. I am familiar with, and accept the state of Florida Sta							<u> 103</u>						4
The obligations of registered agent. SIGNATURE						AV				1	33	160	
SIGNATURE Superfor, typed or unwall-name of regulateral state of the properties of t			for the purp	ose of changing its	registere	ed office or r	egistered	agent, or both, in the	ne State of Flori	da. I am fam	liar with,	and accept	7
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Department of State 10.	•	margil	2 31	ance	O				10	en 2	6/0	23	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD BLANCO, MARGARITA NAME STREET ADDRESS OTY-51-2P TITLE SD GAVIRIA, ENRIQUE GAVIRIA, ENRIQUE STREET ADDRESS OTY-51-2P TITLE NAME NAME STREET ADDRESS OTY-51-2P TITLE NAME STREET ADDRESS OTY-51-2P TITL		Signature, typed or printed name of registered age	nt and title if app	licable. (NOTE	: Registere	d Agent signature	e required wh	en reinstating)	7	DATE			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE SD GAVRILA, ENRIQUE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Afte	r May 1, 2003 Fee will be \$550.00											
BLANCO, MARGARITA 3700 ISLAND RD. C-103 4700 ISLAND RD. C-103 5700 CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SI	10.	OFFICERS AN	D DIRECTO	RS	11.			I ADDITIONS/CHAN	GES TO OFFIC	ERS AND DI	RECTORS	3 IN 11	+
STREET ADDRESS CITY-ST-ZIP TITLE SD GAVIRIA, ENRIQUE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	TITLE			TITLE				1788 Tuly		Change	Addition	18	
AVENTURA FL 33160 CITY-ST-ZIP SD GAVRIA, ENRIQUE 3700 ISLAND RD. C-103 STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY						**							5
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES													5
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	TITLE			☐ Delete	TITLE						Change	Addition	į
CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				i i									١
TITLE													
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE			. Delete	TITLE						Change	Addition	1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO belate STREET ADDRESS CITY-ST-ZIP TO belat								,				_	
TITLE													
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET A				□ Doloto	_						Change	☐ Addition	4
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME			Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	STREET ADDRESS				STRE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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		****			CITY-	-\$T-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 12. 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				☐ Delete		1					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	STREET ADDRESS												
NAME STREET ADDRESS CITY-ST-ZIP 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	CiTY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. 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	TITLE	- V		☐ Delete	TITLE						Change	Addition	1
CITY-ST-ZIP CITY-ST-ZIP 12. 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	NAME												
12. 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	CITY-ST-ZIP												
	12. I hereby o	certify that the information supplied wi	th this filing	does not qualify for	the exer	notion state	d in Section	on 119.07(3)(i), Flor	da Statutes. I fu	urther certify t	hat the in	formation	1

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.