## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 11, 2002 8:00 am Secretary of State

	Secretary of State 07-11-2002 90241 034 ***555.00								
Principal Place of Business 1800 WEST 49TH STREET SUITE 220 HIALEAH FL 33012-2946				B075828Å					
Principal Place of Business     3. Mailing Address					! !UN!!O(! !!) <b>16</b> !!! !!U!!   00!!!		Y BRAN INN	TRIAL CONTRACT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· ·			DO NOT WRITE IN THIS SPACE				
City & State	City & State				4. FEI Number Applied For Not Applicable				7
Zip Country	Zip	Count	гу		65-1139168 5. Certificate of Status Desired	<b>\$</b>	8.75 Ac	ditional	1
TORRES-MESTRE, CELIA C 14430 SABAL DRIVE MIAMI LAKES FL 33014	Registered Agent		Name -Street A		7 Name and Address of New R		gent -		5 _ -
8. The above named entity submits this statement for SIGNATURE  Signature, typed or printed name of registered agent as	and title if applicable. (NOTE:	: Registered	Agent signatu	e required wr	d agent, or both, in the State of Fio	FL rida.	Zip Coo	de	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After May 1, 2002  Make Check Payable			rill be \$5	50.00	10. Election Campaign Fina Trust Fund Contribution	· ·		00 May Be d to Fees	
11. OFFICERS AND E  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI LAKES FL 33014	DIRECTORS Delete	12. TITLE NAME STREET CITY-5	ADDRESS IT-ZIP		ADDITIONS/CHANGES TO OFFI		IRECTOR Change	S IN 11	CR2E034 (9/01)
TITLE D CORREDOR PEREZ, ANGELA A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196	Delete	TITLE NAME STREET CITY-S	ADDHESS		E RODRIGO BOTER Banyan Way, We	D ANGU		☐ Addition 27-162	'
TITLE NAME HERNANDEZ, ALVARO A STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014	□ Dēléte - · · ·	TITLE NAME STREET CITY-S	ADDRESS_ T-ZIP	-		[	Change	Addition	-=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET CITY-ST	ADORESS 1-ZIP				] Change	Addition	
TIZLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Oelete	TITLE NAME STREET CITY-ST	ADDRESS 1-zip	_			] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP  13.   hereby certify that the information supplied with the inf	☐ Delate	CITY-ST	- 1				Change	Addition	

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5-15-02 (305-)8225480

Dayume Phone