## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCU  1. Entity Nan  PRASNE                    | me                                    | # <b>P0100</b> 0   |  |              |                     | etary                          | of St<br>3 028 ***15        | ate                               | L  |   |                   |             |
|--|---------------------------------------|--|--|--------------|---------------------|--------------------------------|-----------------------------|-----------------------------------|--|---|-------------------|-------------|
| Principal Plac<br>7270 NW 66<br>MIAMI FL 331   | ST.                                   | 38   | Mailing Address 7270 NW 66 ST. MIAMI FL 33166                |              |                     |                                | 11                          | SBIISSI IN SBIGI NGN              | <b>28</b> 112 <b>58</b> 111 <b>88</b> 121 <b>8</b> | <b>e</b> zi <b>n</b> i <b>n</b> inn ziini chicl | * #1518 1811 2881 |             |
| 2. Principal F                                 | Place of Busi                         | ness   | 3. Mailing Address   |              |                     |                                |                             |                                   |  |   |                   |             |
| Suite,,Apt,,#.etc                              |                                       |  | Suite, Apt.#, etc.   |              |                     |                                | <del></del>                 | <del>===</del> D0:N0              | FWRITE IN TH                                       | IS SPACE  | - <u></u> -       | وشتند       |
| City & State                                   |                                       |  | City & State   |              |                     |                                | I. FEI Nu                   |                                   |  | <b>X</b> A                                      | pplied For        | ]           |
| Zip  |                                       | Country  | Zip  | Country      |                     |                                | 5. Certific                 | ate of Status Des                 | ired 🔲   | \$8.75 Ad<br>Fee Require                        |                   |             |
| 6. Name and Address of Curre                   |                                       |  | nt Registered Agent  |              |                     |                                | . Name                      | and Address of                    | New Register                                       |   |                   | 1           |
| DINIZA DI                                      | ICADDO                                |  |  |              | Name                |                                |                             |                                   |  |   | ·                 | 1           |
| PINZA, RI<br>7270 NW                           | 66 ST.                                |  | Street A   | Address (P.C | ). Box Nu           | mber is Not Acce               | ptable)                     |                                   |  |   |                   |             |
| MIAMI FL                                       | . 33166                               |  |  | City         |                     |                                |                             | <b>a</b> u .                      |  | Zip Cod   | le                |             |
| R. The above                                   | named entit                           | y submits this statement for t   | he number of changing its                                    | rogistor     | od office o         | r ragintarad                   | naant ar                    | hath is the Ctate                 |  | <u>-                                     </u>   | ,                 | }           |
| 9. This corpo                                  | Signature, typed                      | or printed name of registered agent and<br>pible to satisfy its Intangible<br>and elects to do so.                                   | FILE NOW!  | !! FEE       | IS \$150.           | ture required whe              |                             | ;<br>Election Campai              | DAT<br>on Financing.                               |   | May Poss          |             |
|  | requirement<br>ria on back)           | and elects to do so.   | After May 1, 200<br>Make Check Payab                         |              |                     |                                |                             | Trust Fund Cont                   |  |   | d to Fees         | _           |
| 11.  | -                                     | OFFICERS AND DI  | RECTORS  | 12.          |                     |                                | ADDITIO                     | NS/CHANGES TO                     | OFFICERS A   | ND DIRECTOR                                     | S IN 11           | l           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | P<br>PINZA, RI<br>7270 NW<br>MIAMI FL | 66 ST.   | Delete   |              |                     | Di Re<br>Ricas<br>7270<br>Hian | ctor<br>No f<br>Nuc<br>Ni F | Secretar<br>Pinzal<br>16th street | y<br>t<br>6  | ☐ Change  | ☐ Addition        | (10)0) YOUL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CAPRILES<br>7270 NW<br>MIAMI FL |  | 🥦 Delete   | •            |                     |                                | ileo<br>Nu                  | Andres                            |  | ☐ Change  | ☐ Addition        | ò           |
| ITLE<br>IAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>PARIENTE<br>7270 NW<br>MIAMI FL | 66 ST.   | t <b>⊠</b> Delete  |              |                     | Di Re<br>Parie<br>7271         | ente,                       | JAIME<br>3 66Th 5<br>72 3316      | : <del>e</del>                                     | ☐ Change  | Addition          |             |
| ITLE<br>IAME<br>TREET ADDRESS :<br>TITY-ST-ZIP | <b>~</b> = ·                          |  | ☐ Delete   | -            |                     | Dire<br>Brice<br>727           | eño,                        |                                   | el<br>treet  | Change  | Addition          |             |
| ITLE<br>IAME<br>TREET ADDRESS<br>ITY-ST-ZIP    |                                       | a *  | ☐ Delete   |              |                     | , , ,                          | · · · · · · ·               | <u> </u>                          |  | ☐ Change  | Addition          |             |
| ITLE<br>IAME<br>TREET ADDRESS<br>ITY-ST-ZIP    |                                       |  | ☐ Delete   |              | T ADDRESS<br>ST-ZIP |                                |                             |                                   |  | ☐ Change  | ☐ Addition        |             |
| of the corr                                    | on this repor                         | e information supplied with th<br>t or supplemental report is tru<br>the receiver or trustee empowe<br>achment with an address, with | de and accurate and that mi<br>ered to execute this report a | v sinnati    | ire shall h:        | ave the cam                    | e lenal of                  | fact as if made u                 | ader oath, that                                    | I am an officer                                 | or director       |             |