FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCU 1. Entity Na					<u> </u>	Secret	ary of State	
1. Entity Na		# P0100009	05-28-2002 91748 008 ***150.00					
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	Place of Busine らん。	es 23rd TER.	3. Mailing Address 3124 らい	22.1 77	2.4	•		
Suite, Ap	·	OSTA TEK.	Suite, Apt. #, etc.	25ra 18	2 K .			
			Serie, April II, Glo.			DO NOT WR	ITE IN THIS SPACE	
City & Sta			City & State		-	4. FEI Number	Applied For	
MIA	141,	FLORIDA		LORIDA		75 - 30332	65 Not Applicable	
Zip 33	145	Country USA	33145	Country	,	5. Certificate of Status Desired	\$8.75 Additional	
	70	USA	99749	05/			Fee Required	
		•		Nam		7. Name and Address of Curren		
DO NOTWEITE					TULL	JULIO_C. MACHADO		
				Stree	Street Address (P.O. Box Number is Not Acceptable)			
	IN	THIS SP	ACE		3124 6W 23rd TER.			
		•		City	MIAN		FL Zip Code	
8. The above	e named entity	ubmits this statement for	r the purpose of changing its	registered office	or registered	d agent, or both, in the State of Fl	orida.	
	- 11/2	//	-ني-	م . ا		1	1. 1	
SIGNATURE	ya	hado	nd title if applicable. (NOTE	110 C.	MA	ChAD U	04/30/02	
				E: Registered Agent sig		hen reinstating)	DATE	
9. This corp	oration is eligible	e to satisfy its Intangible	January 1 - M	lay 1 Fee is \$ 1, Fee is \$550	150.00 🔧 📑	10. Election Campaign Fir	oppoints AP AB	
(See crite	requirement and eria on back)	d elects to do so.	Amended	d UBR is \$61.2			- 40.00 May be	
11.				4 0011 13 401.4	(D ₁ , y (C)	Trust Fund Contributio	n. Li Added to Fees	
			Make Check Payab	le to Departm	ent of State	Trust Fund Contributio	n. Ll Added to Fees	
TITLE	POGSIZ	OFFICERS AND I		le to Departm	ent of State	Trust Fund Contributio	n. L Added to Fees	
TITLE NAME	PRESID JULIO	OFFICERS AND I	DIRECTORS	TITLE	ent of State	Trust Fund Contributio	n.	
	JULIO 6 3124 5	OFFICERS AND I DEDT CESAR MACH UU 23rd TE	ADO	ole to Departm	ent of State	Trust Fund Contributio	n.	
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3. Thereby 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 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 eath; 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 on an all all chirachters.

SIGNATURE: _

achasto... Julio C. Machabo

04/30/02

(905) 444-5799 Daytime Phone #