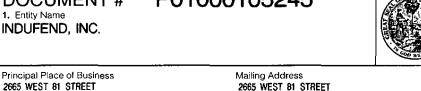
04-16-2003 90255 006 ***158.75

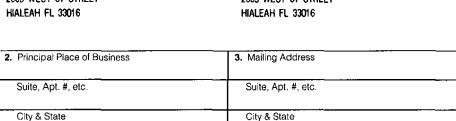
FILED
apr 16, 2003 8:00 am
Secretary of State

2003	FOR	PROFIT	CORPOR!	MOITA
UNIFO	RM E	BUSINES	S REPORT	(UBR

DOCUMENT #

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☐ CHECK HERE IF MAKING CHANGES

75-2987468

City & State 4. FEI Number Zip Country

5. Certificate of Status Desired

Name and Address of New Designs

Not Applicable \$8.75 Additional

Applied For

6. Name and Address of Current Registered Agent

VARGAS, LAURA 2665 WEST 81 STREET HIALEAH FL 33016

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Trust Fund Contribution.

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

Fee Required

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.	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

Zip

FILE NOW!!! FEE IS \$150.00

Country

(NOTE: Registered Agent signature required when reinstating)

Name

City

DATE

9. Election Campaign Financing \$5.00 May Be Added to Fees

☐ Change

☐ Change

☐ Change

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE RESTREDO, GLADYS NAME NAME STREET ADDRESS 17700 NO BAY RD 507 STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

MIAMI FL 33160 CITY-ST-ZIP ۷P TITLE LOPEZ, GABRIEL NAME 17700 NO BAY RD 507 STREET ADDRESS MIAMI FL 33160 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete	TITLE
	NAME
	STREET ADDRESS
	A

☐ Delete TITLE NAME STREET ADDRESS

	CITY-ST-ZIP
Delete	TITLE
	NAME
	STREET ADDRES

Delete

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

Change ☐ Addition

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 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 in 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

SIGNATUR

Date

Daytime Phone #

☐ Addition

Addition

Addition

Addition