## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 21, 2003 8:00 am Secretary of State

7in Country Zin Country 48.75 a.		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country	pplied For	
City & State  Country  Coun	pplied For	
7in Country Zin Country 48.75 a.		
Zip Country Zip Country — <b>cg 7</b> 5		
5. Certificate of Status Desired Fee Requir	ditional ad	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent		
ALVAREZ, ANDRES M		
MIAMI, FL 33166  Street Address (P.O. Box Number is Not Acceptable)	5(F.O. Bux indiliner is not Acceptable)	
City FL Zip Co	le	
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 the obligations of registered agent.	, and accept	
SIGNATURE		
	00 May Be d to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 11	
11TLE PD Delete 1.TLE Change NAME PUERTA-ALVAREZ, ANDRES M NAME	Addition	
STREET ADDRESS CITY-ST-2P MIAMI, FL 33166 STREET ADDRESS CITY-ST-2IP		
1/fl.E         VTD          Delete         1/fl.E          Change           NAME         RESTREPO, LUZ E         NAME          NAME	Addition	
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP		
1MLE SD □ Delete 1ffLE □ Change	Addition	
NAME PUERTA-ALVAREZ, LUIS F STREET ADDRESS 6913 NW 46TH ST CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP		
1/TLE   Delete   TITLE   Change	☐ Addition .	
STREET ADDRESS CITY-ST-2IP CITY-ST-2IP		
1ffLE	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
11TLE Delete 1TLE Change	Addition	
NAME STREET ADDRESS 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 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 office 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	nformation or director	