## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000108303 **DOCUMENT#**

1. Entity Name



## Mar 21, 2003 8:00 am Secretary of State 03-21-2003 90114 035 \*\*\*150.00 **FILED**

Pince of Business   Sign Flage Address   Sign Fla	A&BIIH	IES SERVICE, INC.					
Suite, Apr. 4, etc.    Country   Country   Country   State   City & City & State   City & City	3675 PEMBRO	KE RD.	3675 PEMBROKE RD.		- ( CONTROL DE NOTE DATE L'AND AND AND AND AND AND AND AND AND AND	<b>8</b> ! .	
Suite, Apr. 4, etc.    Country   Country   Country   State   City & City & State   City & City							
City & State    City & State   City & City	2. Principal P	race of Business	3. Mailing Address			14	
Country   Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
S. Certificate Or Statuto Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Street Address (PC. Box Number is Not Acceptable)  Street Address (PC. Box Number is Not Acceptable)  City  Cit	City & State		City & State			_	
MARINEZ, JAVIER   3875 PEMBROKE RD.   HOLLYWOOD FL 33021   EVEN   FL   2/p Code	Zip	Country -	Zip · ·	Country		-	
MARINEZ, JAVIER   3875 PEMBROKE RD   HOLLYWOOD FL 33021   City   FL   Zip Code		6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	$\Box$	
STEEL ADDRESS OFF. STEEL ADDRESS				Name	Name		
HOLLYWOOD FL 33021  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agreed ramed that suplicable.    Signal United   Signature, based or printed named registered agent and title if suplicable.   (NOTE Registered Agent signature required when remotating)		•		Street Addres	(P.O. Box Number is Not Acceptable)		
City   FL   Zip Code						$\dashv$	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Equative, typed or printed name of registered agent and size is applicable.   (NOTE Registered Agent agreeure required when remeating)   DAYE	HOLLYWO	OD FL 33021			-	_	
SIGNATURE    Signature   Properties of projected agent and 500 of applicable.   SIGNATURE   Projected Agent sugrotuse required when remistating)   DATE				City	FL Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS							
Steel	SIGNATURE .	Constitute throad or printed name of registered count on	d title if applicable (NOTE	- Registered Apart eigenture reg	guind when principling)		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS  TITLE  D MARTINEZ, JAVIER 3675 PEMBROKE RD.  ITILE  NAME SIREET ADDRESS STREET ADDR		· · · · · · · · · · · · · · · · · · ·	o the ii applicable. (14012	, negistered Agent signature requ	quies with relisating)		
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: