## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 1

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P01000114594							FILED Mar 06, 2002 8:00 am Secretary of State				
1. Entity Nam	ne D & INVESTI					1	03-06-2002 9				ĄŢ
0.0. LAN	D & IIIVEGII	VILIATO, IIAO.									
Principal Place of Business Mailing Address											
12830 SW 58	BTH LN	12830 SW 58TH LN	/ 58TH LN								
MIAMI FL 331	183		MIAMI FL 33183	•						( <b>.</b>	
2. Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	ie		City & State			4.	4. FEI Number Applied For 30–0025861 Not Applicable				
Zip Country			Zip Cour		try	5.	5. Certificate of Status Desired				
	6. Name and	Address of Current Re	gistered Agent		Name	7.	Name and Address of New R	egistered Ag	jent		
CHEDIAK, JUAN C					Street A	Street Address (P.O. Box Number is Not Acceptable)					
12830 SW 58TH LN MIAMI FL 33183							<del></del>			1	
					City			FL	Zip Code	e	
8. The above	named entity sub	mits this statement for th	e purpose of changing is	register	ed office or	registered ag	gent, or both, in the State of Flo	orida.			
SIGNATURE .	Jule	e Oll	edlan					-15	02	<u> </u>	ļ
TO EThis of		ed name of registered agent and	itle it applicable. (NOTE			re required when r		DATE	<u> </u>	-	
<ul> <li>This of poration is eligible to eatisfy its intangible</li> <li>Tax filing requirement and elects to do so.</li> <li>(See criteria on back)</li> </ul>			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St.			50.00	10: Election Campaign Fin Trust Fund Contributio			May Be to Fees	_
11.		OFFICERS AND DIF	<u> </u>	12.			DDITIONS/CHANGES TO OFF	ICERS AND [	DIRECTORS	6 IN 11	
TITLE	DP		☐ Delete	TITLS				(	Change	☐ Addition	34 (9/01)
NAME STREET ADDRESS	CHEDIAK, JUA 12830 SW 581	NNC THILN		NAM STRE	ET ADDRESS						334 (3
CITY-ST-ZIP	MIAMI FL 331				-ST-ZIP						CR2E00
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STREET ADDRESS	CHEDIAK, MAI   12830 SW 581				ET ADDRESS					:	
CITY-ST-ZIP	MIAMI FL 331			CITY	-ST-ZIP				<del></del>		
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TITLE			☐ Delete	TITLE			<del></del>		Change	Addition	
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CITY-ST-ZIP				1	-ST-ZIP			<u> </u>			
indicated of the cor	on this report or s	upplemental report is tru eiver or trustee empowe	e and accurate and that m	ıy signat as requi	ure shall ha	ave the same	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	oath; that I am	an officer	or director	