03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000115258

1. Entity Name

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2700 Biscayne Blvd.	2700 Biscayne Blvd.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami, Florida	City & State: Miami, FL	4. FEI Number: 65-1149181 ☐ Applied For ☐ Not Applicable
Zip: 33137 Country: Miami-Dade	Zip: 33137 Country: Miami-Dade	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Yamilka Beaud

Street Address (P.O. Box Number is Not Acceptable): 2700 Biscayne Blvd.

City: Miami FL Zip Code: 33137

6. 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.

SIGNATURE: Yamilka Beaud 7/30/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Yamilka Beaud STREET ADDRESS: 119 S.W 23rd road CITY-ST-ZIP: Miami, FL 33129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000022115710 08/06/03--01057--003 **158.75
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13. 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Yamilka Beaud 7/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

786-924-4125 ext 18
Daytime Phone #

gr 8/7