2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 91071 039 ***150.00

DOCUMENT # P02000001241

1. Entity Name
ILUSSION ASSOCIATE INC.

Principal Place of Business	Mailing Address
6187 N W 167TH ST	6187 N W 167TH ST
H-27	H-27
MIAMI FL 33015	MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
6157 N.W. 167TH ST.	6157 N.W. 167TH ST.
Suite, Apt. #, etc. F-8	Suite, Apt. #, etc. F-8
City & State MIAMI, FL 33015	City & State MIAMI, FL
Zip 33015 / Country USA	Zip 33015 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0007282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALDES, OSMAN	Name VALDEZ, OSMAN R.
6187 N W 167TH ST	Street Address (P.O. Box Number is Not Acceptable)
H-27	6157 N.W. 167TH ST. F-8
MIAMI FL 33015	City MIAMI FL Zip Code 33015

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 OSMAN R. VALDEZ 04-04-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	PD ☐ Change ☐ Addition
NAME	ALDEZ, OSMAN R	NAME	VALDEZ, OSMAN R.
STREET ADDRESS	15792 SW 20TH ST	STREET ADDRESS	15792 SW 20TH ST
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VD ☐ Delete	TITLE	VD ☐ Change ☐ Addition
NAME	ALDEZ, LUZ A	NAME	VALDEZ, LUZ A.
STREET ADDRESS	15792 SW 20TH ST	STREET ADDRESS	15792 S.W. 20th ST
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	TD ☐ Delete	TITLE	TD ☐ Change ☐ Addition
NAME	ALDEZ, AUBA M	NAME	VALDEZ, AUBA M
STREET ADDRESS	15792 SW 20TH ST	STREET ADDRESS	15792 SW 20TH ST.
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL. 33027
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	VALDEZ, SONIA	NAME	VALDEZ, SONIA
STREET ADDRESS	15792 SW 20TH ST	STREET ADDRESS	15792 SW 20TH ST
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	VALDEZ, SILVIA P	NAME	VALDEZ, SILVIA P.
STREET ADDRESS	15792 SW 20TH ST	STREET ADDRESS	15792 S.W. 20TH ST
CITY-ST-ZIP	MIRAMAR FL 33027	CITY-ST-ZIP	MIRAMAR, FL. 33027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 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: OSMAN R. VALDEZ 04-04-03 305 698 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #