2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Jan 21, 2003 8:00 am

1. Entity N				21-2003 90109 (
Principal P 10431 NW MIAMI FL 3	lace of Business 28 STREET SUITE E106 3172	Mailing Address 10431 NW 28 STREET SU MIAMI FL 33172	JITE E106					
2. Principal Place of Business 6500 NW 72nd AVE 6500 NW Suite, Apt. #, etc. 3. Mailing Address 6500 NW Suite, Apt. #, etc.			72 nd AVE					
City & S		City & State				CHECK HERE IF MA	KING CHANGES	s
MIA 22 / A		MIAMI Zip	FL Country			61562		Applied For Not Applicable
3316	6. Name and Address of Current Re	231 <i>66</i>			5. *Certificate of St	atus Desired	Fee Require	dditional ed
IT7CO\#	·		Name		7. Haile allu Auu	ress of New Hegiste	red Agent	
ITZCOVITCH, MARCEL 10431 NW 28 STREET SUITE E106 MIAMI FL 33172			Street	Address (P	O Box Number is N	ot Acceptable)		
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 f							FL Zip Soc am familiar with	e 66 , and accept
SIGNATURE	Signature, typed or printed name of registered agent and	litle if applicable. (NOTE:	Registered Agent sign.	ature required w	hen reinstating)	DA	ate.	
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 Trust Fur	Campaign Financing d Contribution.	(-) +	00 May Be d to Fees
10.	OFFICERS AND DIF		11,		ADDITIONS/CHAN	IGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ITZCOVITCH, MARCEL 10431 NW 28 STREET SUITE E106 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ITZC 6500 MI AM	OVITCH M	AR CE(☐ Change	Addition
TITLE Name Street adoress City-St-Zip	TD ITZCOVITCH, MARIEL 10431 NW 28 STREET SUITE E106 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TTZC 650	OVITCH PONU 72	IARIEL AVE	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELIAS, NATIVIDAD R 10431 NW 28 STREET SUITE E106 MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIA 6500	S NATIV NW 72 11 FL	AVE	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	33166	Change	Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,	☐ Change	Addition

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 changed, or on an attachment with an aburess, with all other like empowered.

SIGNATURE:

:Quired