2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000018762 **DOCUMENT #**



FILED

Feb 26, 2003 8:00 am Secretary of State



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Suite, Apt. #, etc. City & State Country Zip Country S. Certificate of Status Desired Name Name MUNOZ, MARCELA V 7100 SW 146 ST. MIAMI FL 33158 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00				= :	7100	siness	146 ST.	7100 SW 14
City & State Country Country Country Country S. Certificate of Status Desired MUNOZ, MARCELA V 7100 SW 146 ST. MIAMI FL 33158 City FL 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 far the obligations of registered agent. 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	:HANGES			lailing Address	3. Ma		1025W	1870
A SET Number 30 - 00 53 3 45 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNOZ, MARCELA V 7100 SW 146 ST. MIAMI FL 33158 City FL 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 far the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00	☐ CHECK HERE IF MAKING CHANGES			uite, Apt. #, etc.	Su			
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Make Check Payable to Florida Department of State Trust Fund Contribution.	\$5.00 May Be Added to Fees				0.00 Int of State	, 2003 Fee will be \$550.00 le to Florida Department o	ter May 1, 200	Afte Make Checi
	RECTORS IN 11	ADDITIONS/CHANGES TO OFFICERS AND DIRE	1.		AND DIRECTO	OFFICERS AND	T _B	
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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: _

MOULUTURE HUNGRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR