## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 03, 2003 8:00 am Secretary of State

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1. Entity Nam		0019956			03-12-2003 90126 015 ***	
Principal Place 8225 LOS PINA CORAL GABLE		Mailing Address 8225 LOS PINOS CIRCLE CORAL GABLES FL 33143	•			
OV:	.Q 15 00179	Outrie Group		1	E DE PROFILORS VIA ORGEN HART RAFIN BOSH DONT ABENT FINER SONE GRAND (NICE	na ((() ( <u>(41</u> )
2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & State	e	City & State			4. FEI Number   Applied For   0 2 - 05 504 20   Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required	tional
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent	
			Name	1e	The second secon	
	E SHNITZER, CLARISSA E	والمجارية المحافظة والمتحارض والمستحارض والمحارض	Strer	et Address (F	P.O. Box Number is Not Acceptable)	
	PINOS CIRCLE		<u> </u>			
CORAL GA	ABLES FL 33143		<u> </u>			
			City		FL Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office	e or registere	ed agent, or both, in the State of Florida. I am familiar with, an	nd accept
SIGNATURE _	Signature, typed or printed name of registered agent a:	THE I ADDRESSION (NOTE	· Registered Apent sig		when reinstating) DATE	_
, FI After	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  k Payable to Florida Department of					May Be
10.	OFFICERS AND C		11		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	IN 11
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NAME	FALCO DE SHNITZER, CLARISSA		NAME			
STREET ADDRESS	8225 LOS PINOS CIRCLE			1		-
	CORAL GABLES FL 33143		STREET ADDRES	SS		غ
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2. 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 emotwered to expect a 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 propowered.

SIGNATURE:

ATURE AND A PENTED HAVE OF SKINDED OFFICER OR DIRECT

1/23/03

305-992-1008

Daytime Phone #