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

## FILED Jun 04, 2003 8:00 am Secretary of State

1. Entity Nan		0024264	!			06-04-2003 900	095 0	16 ***1	50.00	
	ce of Business	Mailing Address	,				MOE	4.		.j :
DELRAY BEAC		DELRAY BEACH FL 33483			.	and the second of the second	<b>.</b>	.,	<b>~</b> ; ~	:
·		•								
2. Principal F				d sodijene iil gelio ingit edili beret odur	DDIA IIU	I BIBLU (11113	UALIA DILLA (IUDA	•		
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State				4. FEI Number -046846	<u>7</u> /		pplied For of Applicable	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired		8.75 Ad	ditional	7
		7. Name and Address of New Registered Agent						7		
MUNERA, CLAUDIA P				Name	<u></u>					_]
1320 NORTH OCEAN BLVD				Street Address (P.O. Box Number is Not Acceptable)						
1	BEACH FL 33483									7
				City	FL Zip Code					┪
8. The above	named entity submits this statement for	r the purpose of changing its	register	Led office or	registered			niliar with,	and accept	-
the obligat	tions of registered agent.									
SIGNATURE	Signature, typed or printed name of highestered agent a	and this it sometable (NOTE	· Registers	d Ament signatu	re required w	nen reinstating) D	ATE			
F	ILE NOW!!! FEE IS \$150,00									1
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.	<b>.</b> .		May Be to Fees	}
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11	1
)	PD MUNERA, CLAUDIA P 1320 NORTH OCEAN BLVD	Delate		ET ADDRESS				Change	☐ Addition	CRZE034 (10/02)
CITY-ST-ZIP	DELRAY BEACH FL 33483	—— <i>V</i> —		-ST-ZIP				7.00	<u>,                                     </u>	낊
TITLE	VD CANON, ALICE	Deleta	TITLE				L	] Change	☐ Addition	\Q;
	2825 SW 81 AVE			ET ADORESS ST-ZIP	ر با در می در می از در در می از می از این از ای			٠. ن		-
CITY-ST-ZIP	MIAMI FL 33155	□ Dolôta	Delete mu		<del></del>	<u> </u>	——-	Change	Acdition	$\exists$
NAME			NAM	· · · · · · · · · · · · · · · · · · ·						
STREET ADDRESS CITY-ST-ZIP		•		ET ADORESS ST-ZIP						
TITLE		☐ Delete	TITLE			<del></del>		Change	☐ Addition	1
NAME Street address			NAME	ET ADORESS					-	}
CITY-ST-ZIP				ST-ZIP					• •	}
TITLE		☐ Delete	TITLE					Change	Addition	7
NAME STREET ADDRESS			NAME	ET ADDRESS				٠		
CITY-ST-ZIP			CITY	ST-ZIP					15 /k/ {	
TITLE		☐ Delete	TITLE				Ē	Change	Addition	7
NAME STREET ADDRESS			STREE	T ADDRESS		•			17 i ""	
CITY-ST-ZIP	<u> </u>		сту	ST-ZIP		· *			•	1
12. I hereby of indicated of the correction changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee etholor or on an attachment with an address.	this tiling does not qualify for true and accurate and that m wered to execute this report a th all other like empowered.		nption state ure shall ha ed by Chap	ed in Section we the san oter 607, Fl	on 119.07(3)(i), Florida Statutes. I furthen legal effect as if medefunder oath; the lorida Statutes; and that my name appear	r certily at I am a ars in Bl	that the in an officer o ock 10 or	formation or director Block 11 if	