2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90255 009 ***150.00

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1. Entity Nam							03-01-20	03 90233 0	09 130.0		
Principal Plac 11950 NORTHE UNIT 118 NORTH MIAMI	EAST SECOND		UNIT 118	ddress RTHEAST SECO	ND AVENUE						
17780 /	Place of Busine		3. Mailing	Address ON.W pt. #, etc.	67 A	re	1 LABIN s al NI Sans (Lab Sa	LAR BRANK BRANK TRAKI	11416 B116)		
Suite, Apt.	. #, etc <i>! 9</i>		1019	<u> </u>			☐ CHECK H	ERE IF MAKIN	IG CHANGES		
City & State		FL.	City & S HIAL		FL.	4	FEI Number		No	plied For t Applicable	
33015-		Country	330/5		Country		. Certificate of Status Desi		\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered A	gent	Nam		. Name and Address of N	ew Registered	I Agent	<u>:</u>	=-
SPIEGEL 8	& Utrera, i 22nd st.	P.A.					. Box Number is Not Accep	itable)			
4TH FLOO											1
MIAMI FL					City			F	Zip Code	·	
	named entity	submits this statement fo	or the purpose	of changing its	registered offic	e or registered a	agent, or both, in the State	of Florida. I am	familiar with, a	and accept	ľ
inc obligati	tions of registe	ered agent.		or changing its							
OLOVIET UR	tions of registe	ered agent.	and title if applicable		Registered Agent s	gnature required wher	n reinstating)	DATE			
SIGNATURE .	Signature, typed o	_			Registered Agent s	ignature required when	n reinstating) 9. Election Campaig Trust Fund Contril	n Financing		May Be to Fees	
SIGNATURE - FI After Make Check	Signature, typed o	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	f State				9. Election Campaig Trust Fund Contril	n Financing bution.	Added	to Fees	
SIGNATURE - FI After Make Check	Signature, typed of ILE NOW!!! r May 1, 2003 k Payable to	r printed name of registered agent FEE IS \$150.00 3 Fee will be \$550.00	f State	ie. (NOTE	11.		9. Election Campaig Trust Fund Contril	n Financing bution.	Added	to Fees	(2)
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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 express, with all other like empowered.

Clivantz 04-28-03 (305)469-5291