2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # P020000282					04-16-2003 9	0117 022	2 ***15	50.00
Principal Plac	ce of Business	Mailing Address	V		-	•			
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NAPLES, Ft. 34116									
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2. Principal F	Place of Business 4 AVE NE	3. Mailing Address	SAN	.6					
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34	2/20		""	-,	5. (	Certificate of Status Desired	Fee	e Require	ollional d
	6. Name and Address of Current	Registered Agent	<u> </u>		7. N	lame and Address of New Reg			<del></del>
Dag:: ==				Name					
ROSALES,	OSVALDO ICANA BLVD. #B 2886 /	WHA. NE	٠	Strast Art	/B / -	ox Number Is Not Acceptable)			
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	Nolly, Fre.	54/20	ľ						
,				City			FL	Zip Cod	<del>¢</del>
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed office or registe	ered ag	ent, or both, in the State of Florio	a. I 者m farr	lyiar with,	and accept
the obligat	tions of registered agent. ( n )	بالألا				,	Mal	/	
SIGNATURE		Z		• •		x 4	191	03	
SIGNATURE	Signature, typed or principl name of registered agent a	and title if applicable. (NOTE	E: Registare.	d Agent signature require	ed when se	instating)	DATE		
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Afte	FILE NOWIT FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00					9. Election Campaign Finan		\$5.0	O May Be
Make Check	Payable to Florida Department o	of State				Trust Fund Contribution.		Addec	to Fees
10.	OFFICERS AND	DIRECTORS	11.		ΑŌ	] DITIONS/CHANGES TO OFFICE	RS AND DI	BECTOR:	S IN 11
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indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	tive and accurate and that u	ine exen ny signati	ription stated in Se ure shall have the	естюл 1 sa <u>me</u> k	Taru ((3)(1), Florida Statutes. I fui egal effect as if made under oati	Ther certify i; that I am :	mai the ir an officer	or director
of the cor changed.	poration or the receiver o <del>r trustee</del> empo , or on an attachment with an address. w	Mered to execute this report: with all other like empowered.	as requir	ed by Chapter 60	7, Floric	ta Statutes; and that my name a	opears in Bi	ock 10 or	Block 11 if
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SIGNAT	URE: 🗸 📉 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸 🗸	<b>Y</b> 0				_ 7 4/9/	, ,		
		HINTED NAME OF SIGNING OFFICER (	OR DIRECTO	OR		Date	Oavin	ne Phone #	<del></del>