2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2003 8:00 am Secretary of State 01-30-2003 90112 027 ***158.75

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DOCU 1. Entity Nan TROY-NE	# P0200	0037367	/			01-30	2003 90.	.12 027	138.73		
Principal Place 8300 SW 4TH MIAMI FL 331	STREET	6	Mailing Address 8300 SW 47H STREET MIAMI FL 33144	SOO SW 4TH STREET			!	ili 40 isi 41 is a	22 119 8000 avio n	e nna 1 83 1 2001	
2. Principal F	Place of Busin		2 Mailing Address	3. Mailing Address							
		1535									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Star	te		City & State				4. FEI Number			pplied For ot Applicable	,
Zip Country		Zip	try		5. Certificate of Status Desired \$8.75 Additional Fee Required				1		
	6. Name	and Address of Current i	egistered Agent			<u> </u>	7. Name and Address of New Registered Agent				
				Name			*'→ → =	تعشب يعجع]	
Fluney-Perez, Eileen					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
8300 SW 4TH STREET					Section (1.6. Box statistics to Not Not played)						╛
miami Fl	33144										ĺ
					City FL Zip Code					ie ·	1
8. The above	named entit	submits this statement for	the purpose of changing its	register	ed office or re	gistere	agent, or both, in the State of Flo	rida. I am	familiar with,	and accept	1
the obligat	tions of regist	erediagent/					•				
SIGNATURE U. DESCRIPTION LEVEL (NOTE: Registered Agent signature required when reinstating) DATE											
			to see a approxime. (1901)	C: Negrstore	O VÕRM SÕUSTIR	recuired w	ubu sesastaring)	DATE			4
After	r-May 1, 200	FEE IS \$150.00 3:Fee will be \$550.00 Florida Department of	State Prosessas Carages	it tir	A szerbeny	** ****	Election Campaign Fin Trust Fund Contribution		\$5.0 Addec	May Be to Fees	
10.	OFFICERS AND (11.		-105	" "ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	\$ IN 11	- ⊦	
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12. hereby c	ertify that the	information supplied with t	his filing does not qualify for	the exer	nption stated	in Secti	on 119.07(3)(i), Florida Statutes. I	further cert	ify that the in	formation	1
indicated of the corr changed,	on triis report poration or the or on an alta	i or supplemental report is t e receiver or trustee empov chment with an addrest, wi	rue and accurate and that m verey to execute this report (brail other like empowered.	as vedn ir	me shall have ad by Chapte	r 607, F	ne legal effect as if made under or lorida Statutes; and that my name	am; that I a appears in	n an officer of Block 10 or	or director Block 11 if	}