2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
05-05-2003 91163 013 ***158.75

 Entity Nar 	ne	# PO200 NEERING GROUP	·					30 30 20				
Principal Place 10851 NW 24 MIAMI FL 331	\$T	8 .	Mailing Address 10851 NW 24 ST MIAMI FL 33185				55045043					
2. Principal I	Place of Busin	ness	3. Mailing Address 10851 NW 24 STREET				1 188117	\$L \$1.6 0 %	AA MBAKA BENIN I	93 9 91 46914 38 914	BOYES IIII IAA	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te		City & State MIAMI, FLORIDA			4.	4. EEI Number Applied For Not Applicable					}
Zip Country			^{Zip} 33172	lry	5. Certificate of Status Desired 58.75 Additional Fee Required					ditional ed		
	6. Name	and Address of Current f		7. Name and Address of New Registered Agent							.:ـــ	
GUADARR	AMA_RICA	PNA		į	Name							1
3411 SW	· · ·	NOV		Street Addres	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL 33165							·					
	•				City				FL	Zip Cod	le	
8. The above	namec ordin	submits this statement for med agent.	the purpose of changir	ng its registere	d office or regis	tered ag	gent, or bot	th, in the State of Flo	nida. I am	familiar with,	and accept	
SIGNATURE	Signature, bong	PL'AR Fromted name of registered agent as	DO GUADAR		Hes,	يسو	(mineration)		4/30	103		
				THE TENED			T			·		ı
Afte	r May 1, 200	IFEE IS \$150.00 33 Fee will be \$550.00 Florida Department of	State					ection Campaign Fin est Fund Contributio		\$5.0 3 Added	May Be to Fees	
10.		OFFICERS AND I	DIRECTORS	11.		Al	DITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guadarr 10851 NW Miami Fl. :		🔀 Deleta		G ADORESS 1	0851	RRAMA, NW 24	RICARDO STREET		⊠ Change	Addition Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUADARR 10851 NW MIAMI FL :		Gd Delete		TADORESS 1	/ D UADAI 0851	/S RRAMA, NW 24	JEANETTE STREET IDA 33172		Change	Addition	CRS
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NAME STREET ADORESS CITY-ST-ZIP					T ADDRESS ST-ZIP				•			
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CITY-ST-ZIP	ļ				ST-ZIP							
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NAME				NAME						•	_	
STREET ADDRESS					T ADDRESS						}	
	ertify that the	information supplied with t	his filing does not qualit	y for the exem		Section	1 19.07(3)(i), Florida Statutes, I	further cer	tify that the in	formation	
of the cor changed,	on this report poration of the or on an atta	information supplied with to supplemental report is ereceiver or trustee empoy chment with an address, w	rue and accurate and the seried to execute this report to all other like empowers	port as require red.	ed by Chapter 6	same 07, Flori	legal effect de Stature	as If made under o	_	am an officer Block 10 or		2-