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

	FILED					
	May 27, 2003 8:00 an					
5	Secretary of State					
	05 01 2003 00341 034 ***150 00					

DOCU 1. Entity Nam 600 PALM		05-01-2003 90341 034 ***150.00						
Principal Place of Business Mailing Address 2665 S BAYSHORE DR SUITE 200 2665 S BAYSHORE DR SU MIAMI FL 33133 MIAMI FL 33133			Suite 200					
2. Principal P	lace of Business	3. Mailing Address		A LEWISCORY AS BUILD HANY BANK BANK BRINK BRINK B	DI BE BEINI QUAD BHII	18 <b>16</b> 1 DM 1 <b>90</b> 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			_	
City & State		City & State		4. FEI Number 35 - 2/9 73 20	<del> </del>	opiled For ot Applicable		
Zip	Country	Zip	Counti	ry 	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		Blor- a	7. Name and Address of New Register	ed Agent		l
DELCADO	DOLANDO.	جمع <u>ان ب</u> ديد به در <u>در در د</u>		Name	A SOUTH THE PARTY OF THE PARTY		ر 1 <u>1 - حمد ح</u> م	<u></u>
DELGADO, ROLANDO 2665 S BAYSHORE DR SUITE 200				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33133							
				City		Zip Cod		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	s registered	d office or registere	ed agent, or both, in the State of Florida. I	am tamiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature required	when reinstating) DAI	ΤĒ		}
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.		O May Be i to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	ــــــــــــــــــــــــــــــــــــــ
TITLE NAME STREET ADORESS	PD CASO, MIREYA 760 SAN ESTEBAN	☐ Delete	NAME STREET	T ADDRESS		☐ Change	Addition	24 (10/02
CITY-ST-ZIP	CORAL GABLES FL 33146 VSD	Delete	CHY-S	ST-ZIP		☐ Change	☐ Addition	7950
NAME STREET ADORESS	DELGADO, ROLANDO 2665:S BAYSHORE DR SUITE 20		NAME	T ADDRESS	4	□ overde	_ Accident	. C
CITY-ST-ZIP	MIAMI FL 33133	`	CITY-S	l l				
TITLE NAME		Detete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		·	STREET CITY-S	TADORESS ST-ZIP				
TITLE		Delete	TITLE			Change	Addition [	
NAME STREET ADDRESS			NAME STREET	T ADDRESS			1	
CITY-ST-ZIP			CITY-S	ſ		·····		
TITLE		C) Delete	TITLE	1		Change	Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	- 1				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME	ADDRESS			1	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS IT-ZIP				
	ertify that the information supplied with	this filing does not qualify for	L		tion 119.07(3)(i), Florida Statutes, I further	certify that the in	formation	

indicated on this report or supplied with this limit does not qualify to the exemption stated in Section 119.75, Florida Statutes, truther certify that the mortalization of 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 address, with all other like empowered.

SIGNATURE: \_-

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 285-0800 Daytime Phone #