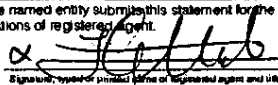
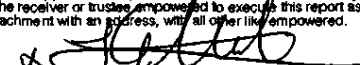


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90033 041 ***150.00

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

DOCUMENT # P02000056329			
1. Entity Name J G MANSUR ENTERPRISES, INC.			
Principal Place of Business 555 NE 15TH ST. #151 MIAMI, FL 33132		Mailing Address 555 NE 15TH ST. #151 MIAMI, FL 33132	
2. Principal Place of Business 10174 S.W. 161 Ave		3. Mailing Address 10174 S.W. 161 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33196	Country USA	Zip 33196	
Country USA		4. FEI Number 47-0871187	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANSUR, J G 655 NE 15TH ST. #151 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name JG. Mansur Street Address (P.O. Box Number is Not Acceptable) 10174 S.W. 161 Ave. City MIAMI FL Zip Code 33196	
A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  (Signature typed or printed name of registered agent and title if applicable)		DATE 04/30/2003 (NOTE: Registered Agent signature required when changing)	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSUR, J G 655 NE 15TH ST. #151 MIAMI, FL 33132 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mansur, J G 10174 S.W. 161 Av. MIAMI, FL 33196 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04/30/2003 305 383 8211 Daytime Phone #	

90130660



CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)