2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DCUMENT # P02000057168 DOCUMENT

FILED Mar 05, 2003 8:00 am Secretary of State

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Cipal Place of Business				02-19	-2003 90015 003 ***150
BARED AND ASSOC, PA	Mailing Address	3 40000			
1500 SAN REMO AVE STE 177 C/O BARED AND ASSOC CORAL GABLES FL 33146 1500 SAN REMO AVE STI				1	
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	Suite, Apt. #, etc	c.			and a series at the 18th 18
y & State	City & State		_	☐ CHECK HERE	IF MAKING CHANGES
	Only & State			4. FEI Numbes	
Country	Zíp			72-005	Applied For
6 Name and Ali	1	Cour	try	5000	Not Applica
6. Name and Address of Current	legistered Agent			5. Certificate of Status Desired	\$8.75 Additional
ED AND ASSOC., PA			Name	7. Name and Address of New Re	Fee Required
SAN REMO AVE #177		·	_	,	Biotol ed Agent
ORAL GABLES FL 33146		Street Address		P.O. Box Number is Not Acceptable)	
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bove named entity submits this statement for t bligations of registered agent.		- 1	City		
oligations of registered agent.	ne purpose of changin	g its registered	office or registers		FL Zip Code
IRE .	•	•	- registere	d agent, or both, in the State of Florid	a. I am familiar with
Signature, typed or printed name of registered agent and					with, and accept
FILE MONEY CO.	title if applicable. (NOTE: Registered A	ent signature required wh		
FILE NOW!!! FEE IS \$150:00 fter May 1, 2003 Fee will be \$550.00 eck Provide to Florida			y man rodollad M	en (einstaling)	DATE
eck Payable to Florida Department of St	1	è		9. Figolina Communication	
Opportunent of St	ete	£'		 Election Campaign Financ Trust Fund Contribution. 	
D OFFICERS AND DIR		11.			→ AQQed to Feed
COLLADO, REMON	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11
S 1500 SAN REMO AVE STE 177		NAME	í		
GABLES FL 33146		STREET AD			
D MOUNA CERT	☐ Deleke	CITY-ST-Z	Ρ		☐ Change ☐ Addition
MOLINA, CESAR	LLI Delete	TITLE			
1500 SAN REMO AVE STE 177 CORAL GABLES FL 33146		NAME			☐ Change ☐ Addition
33146		STREET ADD CITY-ST-ZIP			
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11.		STREET ADDRESS	1		1
that the information supplied with this filling is report or supplemental report is true and an or the receiver or trustee empowered to an attachment with an address, with all others.	does not qualify	CITY-ST-ZIP	<u> </u>		
riad the information supplied with this filing s report or supplemental report is true and on or the receiver or trustee empowered to an attachment with an address, with all others.	accurate and that my s	exemption sta	ted in Section 119	07(3)(i), Florida Statuta	
an address, with all other	r like empowered	equired by Cha	pter 607, Florida S	l effect as if made under oath; that the	tify that the information
TE: SUCCOVEM	Plinzi-	_ :	i , , , , oriug 3	and that my name appears in	Block 10 or Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME		_	フル	1102	=======================================
OR PRINTED NAME	OF SIGNING OFFICER OF			フレク グちんん	