

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

DOCUMENT #

1. Entity Name P02000071989



ADMINPROPH CORPORATION

DEPARTMENT OF STATE
DIVISION OF CORPORATION
03 AUG 25 AM 11:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14050 SW 121 Place, Unit

3. Mailing Address

10501 SW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 5-23

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33186

USA

33165

USA

FEI Number

02-0634158

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nelson I. Diaz

Street Address (P.O. Box Number is Not Acceptable)

3501 SW 107 Ave

City

Miami

FL

Zip Code
33165

8. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

08-08-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Treasurer & Secretary
JUAN E. La Rosa
14050 SW 121 Place, Unit 5-23

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami, Fl. 33186

TITLE
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700022766277
09/04/03--01093--003 **158.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-08-03 3057574-7724

CR2E034B (12/02)

ADMINPROPH CORPORATION

**14050 SW 121 Place, Unit 5-23
Miami, Florida, 33186**

Phone : (305) 232-7137

Department of State
Division of Corporation
Tallahassee, Florida.

Dear Sir or Madam:

I am sending a Check for \$ 158.75 pay for our Uniform Business Report of our corporation
because we do not receive until now the payment form.

Thank you for your attention

Adminproph Corporation.



EIN : 02-0634158