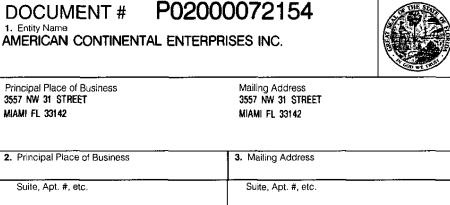
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91393 018 \*\*\*150.00

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





2. Principal F	Place of Business	3. Mailing Addres	3. Mailing Address			1061 100      861 8   184   881   881   881   881   186   116   116   116   116			
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	City & State			El Number	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Cour	itry		Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name - Ti					
QUINONES, ANTONIO				Street Address (P.O. Box Number is Not Acceptable)					
3557 NW 31 STREET									
MIAMI FL	33142								
				City FL Zip Code					
	e named entity submits this statement tions of registered agent.	for the purpose of char	nging its register	ed office or regi	stered ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	
)									
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Agent signature req	uired when re	instating) DATE		——	
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.		May Be to Fees	
10. OFFICERS AND DIRECTORS			11.		AD	L DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	DPT	☐ Del				****	☐ Change	☐ Addition	
NAME	QUINONES, CARLOS		NAM	E					
STREET ADDRESS	19121 NW 52 CT  MIAMI FL 33055			EET ADDRESS					
CITY-ST-ZIP	<u> </u>			'-ST-ZIP					
TITLE NAME	DVS QUINONES, IRIS	☐ Dele	ete TITL				☐ Change	☐ Addition	
STREET ADDRESS	19121 NW 52 CT			EET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33055			-ST-ZIP					
TITLE	The second second second	Oele	ete TITLI		•f~ ,-=3 ° ¤	and the second s	Change-	Addition	
NAME	İ		NAM	E					
STREET ADDRESS	,			ET ADDRESS					
CITY-ST-ZIP	,			-ST-ZIP					
TITLE NAME		☐ Dele	ete Titli NAM				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP				ľ	
TITLE		☐ Dele	ete TITLS				☐ Change	Addition	
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	<u></u> .			-ST-ZIP					
TITLE		☐ Dele					☐ Change	Addition	
NAME Street address			NAM STRE	ET ADDRESS				-	
CITY-ST-7IP	1 / 1 1	/ /_/		- ST - 7IP				i	

12. I hereby certify that the information supplied withthis filling 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 of 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 reveiver of 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 attachm with all oth mpowered.

**SIGNATURE:** 

QUIRED