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

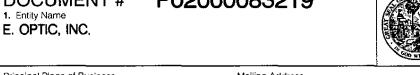
04-28-2003 91430 012 \*\*\*150.00

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

DOCUMENT #

P02000083219

City & State



Principal Place of Business Mailing Address 819 N.E. 199 STREET 819 N.E. 199 STREET APT. #203 APT. #203 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

|--|--|

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

				11-3646462	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CASTILLO, LUZ M 819 N.E. 199 STREET			Name			
			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
APT. #203						
NORTH MIAMI BEACH FL 33179			City		FL Zip Code	
	med entity submits this statem s of registered agent.	ent for the purpose of cha	nging its registered office or re	egistered agent, or both, in the State of Florida. I	am familiar with, and accept	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

## FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTILLO, LUZ M 819 N.E. 199 STREET #203 NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME Street Address City-St-Zip		Oelete	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	· ~ · · <u>-</u>	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		□ Doloto	TITLE	Chance	Colibba C	

12. Thereby 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 truster are powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation of the changed, or on an attachme LUZ

NAME

STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

305-652-8351

3/15/2003

Daytime Phone #