

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

DOCUMENT # P02000087141

The seal of the State of Florida is circular. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address  
8550 N.W. 33 STREET  
SUITE 100  
MIAMI FL 33122

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Number  
51-0431843

Not Applicable
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☐ **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After May 1, 2003 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP	33122		

TITLE	0	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Martin, Tania		
STREET ADDRESS	8550 N.W. 33 St. Ste. 100		
CITY - ST - ZIP	Miami, FL 33122		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03  
Date

(305) 223-9596

Daytime Phone #

CR2E034 (10/02)