## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02000091244

1. Entity Name

CINFYA



## **FILED** May 27, 2003 8:00 am Secretary of State 05-27-2003 90176 024 \*\*\*150.00

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	Place of Business		3. Mailing Address			
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Suite, Apt.		,	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS SPACE
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City & Stat	ite 🔻		City & State	les FL	4. FEI Number	Applied For
<u> </u>	- τ ,	<del></del>	CORAL SPRINI	<u> </u>	05-05 28135	Not Applicable
3306		Country 15A	33065	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
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8. The above	e named entity su	hmits this statement for	the purpose of changing its	s registered office or register	red agent, or both, in the State of Flor	rida: I am familiar with, and accept
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	itions of registered	d agent.	d title if applicable. (NO)	F Registered Agent signature requirer	t when reinstating)	DATE
the obliga	tions of registered	d agent.  Inted name of registered agent an	d title if applicable. (NOT	TE: Registered Agent signature required	d when reinstating)	DATE
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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.

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

CITY-ST-ZIP

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SIGNATURE:

TITLE NAME

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