2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2004 8:00 am Secretary of State 04-23-2004 90238 039 ***150.00

DOCUMENT # P02000099336 1. Entity Name URI BAR NCASIM INC.				04-23-2004 90238 039 ***150.00
16145 BISCAYNE BLVD		Mailing Address 16145 BISCAYNE BLVD N MIAMI, FL 33181		0.1001AT%
Principal Place of Business 3.		3. Mailing Address	182_1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	165rac	(206 03222004 Chg-P CR2E034 (10/03)
City & State		Sity & State	\ f(4. FEI Number Applied For 47-0889076 Not Applicable
Zip	Country	33160	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
-	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
BAR, URI 20191 E. COUNTRY CLUB DRIVE 1805 AVENTURA, FL 33180			1	Address (P.O. Box Number is Not, Asseptable) J St #12.06
AVENTOR	A, 7E 33100		City _	TIENTURA. FL ZIPGOOZ (1.7)
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				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D BAR, UR	☐ Delete	TITLE NAME	Change Addition
NAME Street adoress 'City-St-Zip	ADDRESS 20191 E. COUNTRY CLUB DRIVE #1805			3201 NE 183-0 St #1206
TITLE	S A MARKET	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	20191 E. COUNTRY CLUB DRIVE #1805		name Street address City-St-Zip	3201 NE 183-a St #1206
TITLE	777211101111111211111111111111111111111	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME . STREET ADDRESS	
CITY-ST-ZIP		Delete	CITY-ST-ZIP	Change Addition
NAME		Land Delete	NAME STREET ADDRESS	C Shange L Facility
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-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: 4/20/04				
Cidital	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date Daytime Phone #