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

## **DOCUMENT #**

P02000102490

Mailing Address

MIAM! FL 33155

7365 S.W. 24TH STREET

1. Entity Name

MIAMI FL 33155

CONTROLIA, INC.

Principal Place of Business

7365 S.W. 24TH STREET



**FILED** May 01, 2003 8:00 am Secretary of State 05-01-2003 90981 025 \*\*\*150.00

2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	e	City & State			<b>4.</b> F	FEI Number 82 - 0567255	<b>⊢</b>	oplied For ot Applicable	
Zip	Country Zip			гу	5. (	Certificate of Status Desired	\$8.75 Add Fee Require		
	•		7. Name and Address of New Registered Agent						
				Name					
azan, re	INALDO L		ŀ	Street Address (P.O. Box Number is Not Acceptable)					
7365 S.W.	. 24TH STREET			direct Address (i.e. Box Hamber is Not Neceptable)					
MIAMI FL	33155								
		City FL Zip Code							
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	d office or regi	stered ag	ent, or both, in the State of Florida. I a	ım familiar with,	and accept	
SIGNATURE .									
<u> </u>	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature req	uired when re	einstating) DA7	E		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution.		May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	DPST	☐ Delete	TITLE				☐ Change	Addition	
IAME	AZAN, REINALDO L	W. 24TH STREET ST							
TREET ADDRESS	7365 S.W. 24TH STREET			T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33155		CITY-	ST-ZIP					
TLE .	·						Change	☐ Addition	
NAME	*			7 1000500					
TREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	·				
			-1	31-24					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
iame Street address			NAME	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
ITLE	-	□ Delete	TITLE	-			☐ Change	Addition	
IAME	·	□ Deléré	NAME	ŀ			Ondings		
TREET ADDRESS			STREE	T ADDRESS					
ITY-ST-ZIP			CITY-	ST-ZIP					
ITLE	•	☐ Delete	TITLE				☐ Change	☐ Addition	
IAME			NAME					[	
TREET ADDRESS				T ADDRESS					
:ITY-ST-ZIP			CITY-	ST-ZIP					
ITLE		☐ Delete	TITLE				☐ Change	Addition	
IAME			NAME						
TREET ADDRESS				T ADDRESS					
ITY-ST-ZIP				ST-ZIP					
2 Thereby c	ertify that the information cumplied with	this filing doos not qualify fo	ir the even	antion etatod ir	Section :	1.10 07/3Vi) Florida Statutee I further	certify that the ir	tormation	

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 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 attachment with an address, with all other like empowered.