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

## FILED Jun 09, 2003 8:00 am Secretary of State

05-02-2003 90297 001 \*\*\*300 00

305-829-8277

5,

Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name  VENTOSO, PABLO M  19574 NW 83 PLACE MIAMI FL 33015  City FL Zip Code  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 the obligations of registered agent.  SIGNATURE Speaker, typed dynamic name of registered agent and site if agent and	licable
Suite, Apl. #, etc.  Suite, Apl. #, etc.  Suite, Apl. #, etc.  Suite, Apl. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$3.75 Addition Fee Required  VENTOSO, PABLO M  19574 NW 83 PLACE MIAMI FL 33015  City  FL  Zip Code  8. The above named entity submitts this statement to the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and  the obligations of hybistered agent.  SIGNATURE  Signature hybrid Desired rank of inquisered Agert and No if agent 2016  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  TILE  VENTOSO, PABLO  SIRET ADDRESS  SI	licable
City & State  Country  S. Certificate of Status Desired  \$8.75 Addition Fee Required  7- Name and Address of New Registered Agent  Name  VENTOSO, PABLO W  19574 NW 83 PLACE MIAMI FL 33015  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forids. 1 am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed or many of required agent and site if and public.  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 DIRECTORS  TITLE  VENTOSO, PABLO  STREET ADDRESS  TITLE  VENTOSO, PABLO  STREET ADDRESS  MAMIR FL 33015	licable
Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 19574 NW 83 PLACE  MIAMI FL 33015  City FL Zip Code  8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, typed 3 mined name of registered agent and site if any table. (NOTE Registered Agent agrituative required when remaining)  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 DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  10. VENTOSO, PABLO  STREET ADDRESS  CITY ST-2P  MAME  STREET ADDRESS  CITY ST-2P  MAMI FL 33015	licable
Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  VENTOSO, PABLO M  19574 NW 83 PLACE MIAMI FL 33015  City  FL Zip Code  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 the obligations of registered agent.  SIGNATURE  Signature, typed onlying name of registered agent and side if anothable.  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 DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  NAME  SIREET ADDRESS  FYOR Required  Fee Required  Fee Required  Fee Required  For Name and Address of New Registered Agent  Fee Required  Fee Required  To Name  Full Tip Code  FL Zip Code  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and a familiar with, and a familiar with, and a familiar with and a familiar with and state of Florida. I am familiar with, and a familiar with and state of Florida. I am familiar with, and a familiar with and state of Florida. I am familiar with, and a familiar with and state of Florida.  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 DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE  WENTOSO, PABLO  STREET ADDRESS  FEE Address (P.O. Box Number is Not Acceptable)  Fee Required  Fee Required  To Address of New Registered Agent  File Address of New Registered Agent  Fee Required  To Address of New Registered Agent  Fee Required  F	2
VENTOSO, PABLO M  19574 NW 83 PLACE MIAMI FL 33015  City  FL  Zip Code  8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature: Speakers, typed or many site if got table.  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 DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  VENTOSO, PABLO  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33015  TITLE  V Delete  TITLE  Change  Change  Change	5
Street Address (P.O. Box Number is Not Acceptable)  19574 NW 83 PLACE MIAMI FL 33015  City  FL Zip Code  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 the obligations of registered agent.  SIGNATURE  Signature. Speed discipled name of registered agent and site if good table.  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 DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  VENTOSO, PABLO  STREET ADDRESS  CITY-S1-ZIP  MIAMI FL 33015  TITLE  V Delete  TITLE  Change  Chan	
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 the obligations of registered agent.  SIGNATURE  Signature. Typed or registered agent.  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 DIRECTORS  TITLE / P  NAME  VENTOSO, PABLO  STREET ADDRESS  19574 NW 83 PLACE  CITY-S1-ZIP  MIAMI FL 33015    Delete   TITLE   Change	l
After May 1, 2003 Fee will be \$550,00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME VENTOSO, PABLO STREET ADDRESS 19574 NW 83 PLACE CITY-ST-ZIP MIAMI FL 33015  TITLE  Delete TITLE  TITLE  TITLE  TITLE  Delete TITLE  CTY-ST-ZIP  MIAMI FL 33015  TITLE  Delete TITLE  Change  Change	cept
TITLE / P NAME VENTOSO, PABLO STREET ADDRESS 19574 NW 83 PLACE CITY-S1-ZIP MIAMI FL 33015  TITLE V Delete TITLE    Delete   Delet	<b>Q</b> S
	ddition
NAME WLOSEK, ZBIGNIEW NAME SIRRET ADDRESS 1011 SW 100 TERRACE STREET ADDRESS CITY-ST-ZIP  PEMBROKE PINES FL 33025 CITY-ST-ZIP	ddition
TITLE	ddition
TITLE         Delete         TITLE         Change         Iname           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP	ddition
TITLE         Delete         TITLE         Change         HAME           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP	ddition
NAME SIREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	doition
12. I hereby certify that the information supplied with this filing does not qualify for the everyption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information contains report or supplemental report is true and accurate and that my signature shallhave the same legal effect as if made under eath; that I am an officer or directly 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE SIGNATURE BEOLUMGED  Lyco AULOLA  06.04.03	