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

FILED May 16, 2003 8:00 am Secretary of State

| 1. Entity Nar LE BUS | MENT # PO | 2000110688 NC. | | | | 04-28-2003 90- | | | 150.00 | |
|---|--|---|---------------------|--|-----------------|--|---------------------|-----------------------|--------------------------|-----------------|
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 495 NE 144T | H ST. | 495 NE 144TH ST. | 495 NE 144TH ST. | | | | | | | |
| N MIAMO FIL | 33141 | N MIAMI FL 33141 | | | | - I PROPERTY IS NOTAR STREET WHILE NEXT COLUMN | *18 8 1 1781 | I Taith Bill | | - |
| İ | | | | | | | | | | |
| 2. Principal I | Place of Business | 3. Mailing Address | | | 7 | J TOURING HIL ORIEN FRESH ODRIG \$4101 OF JOH | | i dinah dalah | i 19197 (Bil 468) | |
| Cuite Act | # oto | Suito Ant # ata | - | | _ | | | | | |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | Suite, Apr. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | le | City & State | City & State | | | 4. FEI Number Applied For | | | | |
| | | | | | 55-080436/ | | | Not Applicable | |] |
| Zip Country | | Zip | Coun | itry | 5. | Certificate of Status Desired | \$1 Fe | 8.75 Ad le Require | iditional | 1 |
| <u> </u> | 6. Name and Address of | Current Registered Agent | Щ | | 7. | Name and Address of New Register | | | | - |
| | | | | Name | | | | | |]. |
| DODARD, PATRICK | | | | Street Addres | s (P.O. I | (P.O. Box Number is Not Acceptable) | | | | |
| 495 NE 1 | · · · · · · · · · | | | Observed (1.5. dox realiser is receptable) | | | | | | 4 |
| N MIAMI | FL 33141 | | | | | | | | | 1 |
| | • | | | City | | | FL | Zip Cod | le | 1 |
| 8. The above | named entity submits this stat | tement for the purpose of changing | its registere | ed office or regis | tered ag | gent, or both, in the State of Florida. | | riliar with, | and accept | -{ |
| the obliga | tions of registered agent. | | _ | _ | | | | | | |
| SIGNATURE | Signature, typed or printed name of regist | tered agent and title if applicable. (N | OTE: Registere | d Agent signature requ | íreg when i | einstating) DA | TE | | | |
| Ė | ILE NOW!!! FEE IS \$150 | 1.00 | | | | | | | | ┪ |
| Afte | r May 1, 2003 Fee will be \$ | 550.00 | | | | Section Campaign Financing Trust Fund Contribution. | | | May Be | ļ |
| Make Check | Payable to Florida Depart | | | | | | | | | _] |
| 10. | OFFICERS AND DIRECTORS | | | | Al | DDITIONS/CHANGES TO OFFICERS | | | | ٦ |
| title Name | DODARD, PATRICK | | | TITLE NAME | | | ٠ |] Change | Addition | 8 |
| STREET ADDRESS | 495 NE 144TH ST. | • | . | ET ADDRESS | | | | | | Z |
| CITY-ST-ZIP | N.MIAMI FL 33141 | | сту- | -\$1-ZIP | | | | | | CR2E034 (10/02) |
| TITLE | D | ☐ Delete | TITLE | , | | | ٦. ١ |) Change | Addition | 18 |
| NAME STREET ADDRESS | ARISTIDE, MICHELINE | | | NAME STREET ADDRESS | | | | | | ' |
| CITY-ST-ZIP | 15920 SW 100TH CT. MIAMI FL 33157 | | • | ST-ZIP | | | | | | 1 |
| TITLE | 1711 171 1 2 00 107 | Delete | TITLE | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | Change | Addition | 1 |
| NAME | | | NAME | - 1 | | | | | - | . |
| STREET ADDRESS | | | | ET ADORESS | | | | | | 1 |
| CITY-ST-ZIP | | | | ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | | { ∶ |
| TITLE NAME | | ☐ Delete | , TITLE NAME | | | | L, | Change | ☐ Addilion | |
| STREET ADDRESS | | • | - 4 | T ADORESS | | | | | | Ì |
| CITY-ST-ZIP | *· | | CITY- | ST-ZIP | | • | | | | ļ |
| TITLE | | ☐ Delete | TITLE | | | | | Change | Addition |] |
| NAME | | | NAME | į. | | • | | | | } |
| STREET ADDRESS | • | | | T ADDRESS ST-ZIP | | | | | | } |
| TITLE | | | TITLE | | | | | Change | Addition | 1 |
| NAME | | יייי דיייייייייייייייייייייייייייייייי | NAME | í | | | | J. Indiana | | [|
| STREET ADDRESS | | • | | T ADDRESS | | | | | , | } |
| City-St-ZiP | · | | | ST-ZIP | | | | <u>.</u> | | |
| 12. I hereby of indicated | ertify that the information suppl on this report or supplemental | lied with this filing does not qualify fi report is true and accurate and that | or the exen | nption stated in S are shall have the | Section same | 119:07(3)(i), Florida Statutes, I further oggyeffect as if made under oath; that a statutes; and that my name appear | certify t | hat the in | formation or director | [|
| of the corp | poration or the receiver or trusto or on an attachment with an ec | ee empowered to execute this repo idress, with all other like empowere | rt as require | ed by Chapter 6 | T.FID | to Statutes; and that my name appear | rs in Blo | ock 10 or | Block 11 if | 1 |