17

2003 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2003 8:00 am Secretary of State

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Signature Sign									_
S. Name and Address of Current Registered Agent. Judianne Puerto 15311 N. Wap 89 lace Miami, FL 33018 8. The above named entity submits this statement for the purpose of changing law registered agent, or both, in the State of Florida. SIGNATURE Signature, hypot or priced name of registered agent and sits of agenciane. FILL ROW!! FEL \$515.00 After May 1, 2003, fee will be \$550.00 After May 1, 2003,						52-2384604 Not Applica		Not Applicable	_
S. Name and Address of Current Registered Agent. Judianne Puerto 15311 NW 89 Place Miami, FL 33018 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. SIGNATURE Significantly hypotice protest name of registered agent and title if applicative. [NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Significantly hypotice protest name of registered agent and title if applicative. [NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Significantly hypotice protest name of registered agent and title if applicative. [NOTE: Registered office or registered agent, or both, in the State of Florida. SIGNATURE Significantly hypotice protest name of registered agent and title if applicative. [NOTE: Registered Agent significant required when recistating) Date FILE NOW!! FEE IS \$150.00 After May 1, 2003, fee will be \$550.00 Inform Business Report Filings P. O. Box 1500, Tallahasses, FEL 23002-1500. P. O. Box 1500, Tallahasses, FEL 23002-1500. Judianne Puerto Make check payable to Department of State P. O. Box 1500, Tallahasses, FEL 23002-1500. Judianne Puerto Make Check payable to Department of State P. O. Box 1500, Tallahasses, FEL 23002-1500. Judianne Puerto Judianne Puerto Addition Change Addition Make Check payable to Department of State Judianne Puerto	Zip Country		Zip Cou		′				
Name	6.	Name and Address of Current	Registered Agent	T		lame and Address of New F			
Street Address (P. O. Box Number is Not Acceptable) 14825 NW 7 Avenue	Judianne Pu	ierto			Name	***************************************			7
City Miami FL Zip Code 33168 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. Signature, typed or printed name of registered agent and trib all genicode. [NOTE Registered Agent signature required when reinstaining) Date FILE NOW!! FEE IS \$150.00 Mail to : Division of Corporations Uniform Business Report Filings Make check payable to Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE P,S,T Delete TITLE Change Addition MAME Judianne Puerto STREET ADDRESS OTTY - 51 - ZP MIAMIN FL 33168 OTTY - 51 - ZP Change Addition MAME STREET ADDRESS OTTY - 51 - ZP MIAME Delete TITLE OTTY - 51 - ZP MIAME Delete TITLE OTTY - 51 - ZP MAME OTTY - 51 - ZP OTTY - 51 - ZP MIAME Delete TITLE OTTY - 51 - ZP MIAME OTTY - 51 - ZP OTTY - 51 - ZP MAME OTTY - 51 - ZP OTTY - 51 - ZP		39 Place							4
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I am an officer or director of the choosafton 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 Black 11 if changed, or on an attachment with an address, with all other fike empowered.

SIGNATURE: Judianne Puerto, President

Date