

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 90481 045 ***150.00

DOCUMENT # P02000124769			
1. Entity Name 25TH AVE., INC.			
Principal Place of Business 12758 SW 88 AVE MIAMI FL 33186		Mailing Address 12758 SW 88 AVE MIAMI FL 33186	
2. Principal Place of Business 12758 SW 88 St.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL.		City & State	
Zip 33186		Country	
4. FEI Number 65-1048017.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ. 201 ALHAMBRA CIR STE 502 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name: MAURICIO ALTAUILLA Street Address (P.O. Box Number is Not Acceptable): 4454 BLOSSOM LANE City: WESTON FL Zip Code: 33331	
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: <u>MAURICIO ALTAUILLA</u> DATE: <u>04/24/03</u>			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: ALTAUILLA, MAURICIO STREET ADDRESS: 12758 SW 88 AVE CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVS NAME: ALVAREZ, CARMELO STREET ADDRESS: 12758 SW 88 AVE CITY-ST-ZIP: MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.			
SIGNATURE: <u>MAURICIO ALTAUILLA</u>		Date: <u>04/24/03</u> Daytime Phone #: <u>(305) 380-0822</u>	

55041616



CR2034 (10/02)