2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000124933

1. Entity Name

SIGNATURE: .

VICTORIA VILCHEZ & ASSOCIATES, P.A.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90119 034 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Grey & State Country Zp Country S. Certificate of Status Desired \$8.75 Additional Required Requi	SUITE F	e of Business Australian Avenue Beach FL 33409	Mailing Address P. O. BOX 32 WEST PALM BEACH FL 33402						
City & State Country Country Country S. Certificate of Status Desired SR75 Additional Fee Required Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 6. The above named entity submits this patientent for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatings of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation registered agent, or both, in the State of Florida. I	2. Principal P	lace of Business	3. Mailing Address		11111	8 9 2 911 8 9218 91 8 94 88949 8 9261 3 00901 141	1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 1865 186	1100 1111 1001	
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NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 exemption of the	STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with	Oelete	STREET ADDRESS CITY-ST-ZIP	n Section 119 07/3	Vi) Elorida Statutes I further	Change	Addition	