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

## FILED Apr 23, 2003 8:00 am Secretary of State 04-07-2003 90217 044 \*\*\*150.00

1. Entity Nar	STON CENTER SPE, INC.	01250	33						
Principal Place of Business 3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH FL 33160		Mailing Address 3702 NE 171 STREET, UNIT #9 NORTH MIAMI BEACH FL 33160					PKKI DU DA	HIZOZ OLIFICAODA	
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ste	City & State				4. FEI Number Applied For S4-2090035. Not Applied For			-
Zip	Country	<i>Z</i> ip		Country		5 Cartificate of Status Desired   \$8.	75 Add	itional	1
	6. Name and Address of Current	Registered Age	nt	Nan	ne	7. Name and Address of New Registered Age			7
PEREZ, RAFAEL A					Street Address (P.O. Box Number is Not Acceptable)				
I .	MBRA CIRCLE, SUITE 201 ABLES FL 33134	<del> </del>			<del></del>	<del></del>			1
				City		FL	Zip Code	· ·	1
the obligation	tions of registered agent.					red agent, or both, in the State of Florida. I am fami	iar with, a	and accept	1
Afte	TILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of					Election Campaign Financing     Trust Fund Contribution.	\$5.00 Added	May Be to Fees	٠, .
10.	OFFICERS AND I			11.		ADDITIONS/CHANGES TO OFFICERS AND DIF			a
NAME STREET ADDRESS CITY-ST-ZIP	D   Montecalvo, Mario J   3702 NE 171 Street   North Miami Beach Fl 33160	L	Deleta	TITLE NAME STREET ADDRE CITY-ST-ZIP	ezs	u	Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D RAMOS, JORGE H 2250 SW THIRD AVENUE, FIFTH MIAMI FL 33129		Deliste	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		Change	☐ Addition	SE
TITLE NAME STREET ADORESS			Delete	TITLE NAME * STREET ADORE	25		Change	Addition	
TITLE NAME STREET ADDRESS		C	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRES	ss		Change	☐ Addition	
TITLE NAME STREET ADDRESS			Delete	TITLE NAME STREET ADDRES	2	. 0	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS	s		Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental eports 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 of todates 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 an an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BRANES OF BRANES OF STOCKED OR OR SECTION Date.  SIGNATURE AND TYPED OR PRINTED NAME OF BRANES OF STOCKED OR OR SECTION Date.									