FILED

Apr 16, 2003 8:00 am Secretary of State

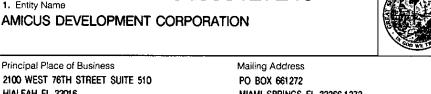
04-16-2003 90172 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P02000127246

1. Entity Name



Principal Place of Business 2100 WEST 76TH STREET SUITE 510 HIALEAH FL 33016				Mailing Address PO BOX 661272 MIAMI SPRINGS FL 33266-1272								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4 . F	El Number			pplied For lot Applicable	
Zip	Country		Zip	Zip		Country		5. (Dertificate of Status Desire	d \square	\$8.75 Ac	
6. Name and Address of Current F				Registered Agent				7. Name and Address of New Registered Agent				
The second of th						Name	3.00	SAPTOLANE ALDO G. JR.				
BARTOLONE, ALDO G JR						Street Address (P.O. Box Number is Not Acceptable)					1.45	-
5TH FLOOR, SOUTH TRUST TOWER						Street A		,				
ONE EAST BROWARD BLVD						100) Z·	E	3 BD AV	Su	Te# 1	100
FORT LAUDERDALE FL 33301						CityFT	CityFT. LAUDENDALE FL Z					394
8. The above pamed 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S								v .	9. Election Campaign Trust Fund Contribu	ution.	Adde	00 May Be d to Fees
10. OFFICERS AND I								AD	DITIONS/CHANGES TO C	FFICERS A	ND DIRECTOR	IS IN 11
NAME STREET ADDRÉSS CITY-ST-ZIP		ne, victoria 17 76th street suiti FL 33016	E 510	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bartoloi 2100 Wes Hialeah I	T 76TH STREET SUIT	E 510	☐ Delete	1						☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-			☐ Change	Addition

TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 of 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 an address, with all other like appowered.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition