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

## P93000044933 DOCUMENT #



## FILED Feb 17, 2003 8:00 am Secretary of State

City & State	1. Entity Name		GROUP, INC.		02-17-2	003 90269 040 ***	150.00	
Sute, Apt. #, etc.  Sute, Apt. #, etc.  City & State   City & State  City & State   City	15660 SW 75 A	VENUE	3600 NW 36 STREET	3600 NW 36 STREET				
City & State  Country  Country  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. Additions  For Required  For R	2. Principal Pl	ace of Business	3. Mailing Address			. 00111 61941 00141 61841 04844 11	Y100 P1100 11P1 100Y	
Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additions	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
SANCHEZ, ROBERTO 3600 NW 36 STREET MIAMI FL 33166  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of programmer of familiar with, and	City & State	3	City & State	City & State		FEI Number 65-0434905 Applied Foil Not Applied		
SANCHEZ, ROBERTO 3800 NW 36 STREET MAMI FL 33166  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 the obligations of society agent.  SIGNATURE  Supplus type of pleast Traine of Advance family and that it accelerable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of \$tate  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Zip	Country .	Zip	Country		Fee Req		
SANCHEZ, ROBERTO 3600 NW 36 STREET MAMI FL 33166  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of pagignered agent.  SIGNATURE Subjects types or printed name of Assemptions and too it applicable. (NOTE Registered Agent algrature required when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME SANCHEZ, ROBERTO 15660 SW 75TH AVE MAMI FL 33157  Delete  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP		6. Name and Address of C	urrent Registered Agent		7. Name and Address of Ne	w Registered Agent		
MIAMI FL 33166  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of pagistered agent.  SIGNATURE  SI					s (P.O. Box Number is Not Accept	able)		
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 the obligations of project agent.  SIGNATURE  SIGNATU		.*.	r.					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of pealetypered agent.    Signature	MIAMI FL 33166		i.	0		₹ Zin	Code	
SIGNATURE Subplum. types of printed rame of Additionary Agends and stell Tapphcable. (NOTE: Registered Agends signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 in Make Check Payable to Florida Department of \$tate  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS STREET ADDRESS TOPY-ST-ZIP  TITLE NAME STREET ADDRESS TOPY-ST-ZIP  TOPY-S		•	•			FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	SIGNATURE .	Signature, types of printed name of Asiste ILE NOW!!! FEE IS \$150. May 1, 2003 Fee will be \$5	00 50.00	. Registered Agent signature requ	9. Election Campaig Trust Fund Contrib	oution. 🗀 À	5.00 May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change  THE Change  Chan				11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	DP SANCHEZ, ROBERTO 15660 SW 75TH AVE		TITLE NAME STREET ADDRESS		☐ Cha	inge	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	-			
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Change	TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Cha	ange 🗌 Addition	
TITLE TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delcte	NAME STREET ADDRESS		☐ Cha	ange 🔲 Addition	
UIT-51-2IF	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 1 40 07(0) 5 14 0 1			

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 an address, with all other like empowered.

**SIGNATURE:** 

2-12-2003

Daytime Phone #