2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am Secretary of State

1. Entity Nam	PORTELA INVESTME	ENT, CORP.	J			-	011 ***150.00
	DO NOT WRITE	IN THIS SI	PACI				
2. Principal Place of Business 12950 NW 107 CT Suite, Apt. #, etc.		3. Mailing Address 12950 NW 107 CT Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SI	PACE
MIAMI FLORIDA		MIAMI FLORIDA			4. FEI Number Applied For		
Zip 3 3 1	Country 178 USA	zip 33178	Country	JSA	65-04616 5. Certificate of Status Desir	. n	Not Applicable 8.75 Additional ee Required
			-		7. Name and Address of Cur	rent Registered	Agent
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				12950 NW 107 CT			
	G.			City	MIAMI	FL	Zip Code 33178
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or registe	red agent, or both, in the State	of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered A	Ngent signature require	d when reinstating)	DATE	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, F Amended Ut Make Check Payable to			1, Fee is d UBR is	\$550.00 \$61.25	10. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees
11.	OFFICERS AND D	IRECTORS	TITLE				
NAME PORTELA MATILDE STREET ADDRESS 11325 NW 68 STREET			NAME	ADDRESS T-ZIP			
TITLE	MIAMI, FL 33178 V		TITLE				100
NAME STREET ADDRESS CITY+ST-ZIP	14420E MIT CO CONTINU			ADORESS T- ZIP			
TITLE	me MIAMI, FL 33178						
NAME STREET ADDRESS CITY+ST-ZIP	RIOS, COSE			ADDRESS T-ZIP	DO NO	T WRI	TE
TITLE NAME	MIAMI, FL 33178				IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP			
TITLE NAME		·····	TITLE NAME				
-STREET ADDRESS				ADDRESS T-ZIP			
THTLE			TITLE				
NAME STREET ADDRESS				ADDRESS			
CTTY-ST-ZIP			CiTY-5				
13. Thereby of indicated of the collattachme	certify that the information supplied with to on this report or supplemental report is trooration or the eceiver of trustee emporation with an address, with all other like emporation to the receiver of trustee emporation or the emporation of the	nis filing does not qualify for the and accurate and that i wered to execute this repo powered.	ir the exem my signatui irt as requir	ption stated in Se re shall have the red by Chapter 6	ection 119.07(3)(i), Florida Status same legal effect as if made un 607, Florida Statutes; and that m	tes. I further certi der oath; that I ai y name appears	ry that the information m an officer or director in Block 11 or on an