2000	D UNIFORM BUS	INESS REPO	ŖŢ_(UBR)		,	-				
DOCUMENT# P94000046856(8)						05-30-2000 901 01 032 **** 150 00 P94000046856					
BN	ئے،	· · · ·	FILED								
Principal Place of Business 7695 SW 142 St 7695 SW 142 St.					00 SEP -5 AM 8: 40						
7695 Miam	12 33	JT. 821	SECRETARY OF STATE TALLAHASSEE FLORIDA 10057991								
	Place of Business	3. Mailing Address			DO NOT INDITE IN THIS COASE						
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	e	City & State			4. FEI	4. FEI Number Applied For Not Applied For Not Applicable					-
Zip	Country	Zip.	Country	,		ificate of Status		LJ Ř	8.75 Add se Required		
	6. Name and Address of Current	Registered Agent			7. Nam	e and Addres	s of New Reg	stered Ag	jent		
 		-Name									
	Bernal, Juan 7695 SW 142	. ST		Street Address (P.O. Box Number is Not Acceptable)							
	Miame, FL 3	3158		City	y FL Zip Code					9 .	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered	office or registe	red agent,	ar both, in the	State of Florid	a.)			
SIGNATURE .	Scontiure, hyped or printed name of registered agent a	MATE.	Basislavad &	gent sgnature require	d uhan reinela	(po)		DATE			
1	Signature, typed or prefied nertie or registered agent a	no pos a supricione. (NOTC.	The second second	gan signature require							
. Tax filing r	oration is el'gible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payabi	C Fee w	ii be \$550.00		D. Election Ca Trust Fund	mpaign Finan Contribution	cing		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDIT	IONS/CHANG	ES TO OFFICE	RS AND D	DIRECTORS	SIN 11	
TITLE	President .	☐ Delete	TITLE					ŀ	Change	□ Addition	8
NAME STREET ADDRESS CITY-ST-ZIP	Juan A. Bernal 7695 SW 142		NAME STREET . CITY ST	Addoress Zip						ļ	CR2E034 (9/99)
TITLE	Miami, FL 3315	Octobe	IIILE				•	Ī	Change	☐ Addition	8
NAME STREET ADDRESS			NAME Street	ADDRESS		•					_
CHY-ST-ZIP			CHY-SI	-1P —		·			7 00000	☐ Addition	
title Name		☐ Delete	NAME					L	Change	☐ Addition	
STREET ADDRESS			CITY-SI	ADDRESS - ZIP	•						
TITLE NAME		□ Delete	TITLE NAME					(☐ Change	☐ Addition	
STREET ACCRESS CITY-ST-ZIP			STREET /						<u> </u>		
TITLE NAME		☐ Delete	titlé Name					I	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	,			ADDRESS -ZIP							
TITLE		☐ Delete	TILE					[Change	Addition	
NAME STREFT ADDRESS			STREET A	ADORESS				7	SF		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a	the exemp	otion stated in Se e shall have the	same lega	il effect as if ma	ade under oatt	n; that I am	an officer of	or director	
SIGNAT	URE: SYMATURE AND TYPED COPY	CANCEL DIE	A DIRECTOR	ent_			6-00	(305 Oay	233	<u>-435</u> 0	
											