2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2003 8:00 am Secretary of State

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name Name Street Address (P.O. Box Number is Not Acceptable) City City FL Z City FL Signature Signatur	
## HIALEAH, FL 33012 US ## A FEI Number ## Country ##	
Suite Apt. #, etc. City & State Country St. Certificate of Status Desired Fee in State Fee in State Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia the obligations of registered agent. Signature Si	
City & State A. FEI Number 65-0641771 5. Certificate of Status Desired	118 5 011 11 111 1111 11
City & State City & State City & State Country Countr	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORENO, ANTONIO 6790 W. 13TH AVE. HIALEAH, FL 33012 Street Address (P.O. Box Number is Not Acceptable) City FL Zi a. 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 familia the obligations of registered agent. SIGNATURE	Applied For
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City City FL Z City FL Z SIGNATURE Signature, spekior primal name of registered agent, and the disputable. (NOTE Registered Agent Agent Signature recovered when reinstating) CATE FELE NOW IT SEE IS \$156.00 After May 1. 2003 Fe will be \$150.00 After May 2. 2003 Fe will be \$150.00	Not Applicable
MORENO, ANTONIO 6790 W. 13TH AVE. HIALEAH, FL 33012 Street Address (P.O. Box Number is Not Acceptable) City FL Z City FL Z City FL Z Signature Si	Required
Street Address (P.O. Box Number is Not Acceptable) ADM City City FL Zi a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familia Signature: Signature: Signature: hybrid or primed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required when reinstating) OATE After May 1 2003 First Will be: \$550,00 After May 1 2003 First Will be: \$550,00 After May 1 2003 First Will be: \$550,00 Inter PTD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·
City EL 2 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 familia signature of registered agent, or both, in the State of Florida. I am familia signature of registered agent, or both, in the State of Florida. I am familia signature, speed or primed name of registered agent, or both, in the State of Florida. I am familia signature dequired when reinstating) OATE FILE NOW II. FEEL'S \$150.00 After May 1. 2003 Feel will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE PTD MORENO, ANTONIO	
a. 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 familia the obligations of registered agent. Signature: Sign	
B. 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 familia SIGNATURE Signature, speed or printed name of registered agent and life if applicable. (NOTE: Registered Agents ignature required when reinstating) CATE FILE NOWIL: FEE IS \$150.00 After May, 1, 2003 Field in be \$1550.00 Makes Check Payable to Fforidat Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITLE PTD MORENO, ANTONIO	ip Code
SIGNATURE Signature, typed or primed name of registered agent and lide if applicable. (NOTE: Registered Agents ignature required when reinstating) CATE	ruith and
Signatural, typical or primed name of registered againt and use if applicable. (NOTE: Registered Againts ignature required when reinstating) FILE NOW(1): FEE: S\$150:00 After May 1: 2003 Fee(will) be: \$550:00 Makes Check: Payable to: Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17/16: PTD NAME MORENO, ANTONIO	with, and accept
After May 1 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME MORENO, ANTONIO	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME MORENO, ANTONIO Delete ITLE	\$5.00 May Be Added to Fees
MORENO, ANTONIO	
R NAME I	
SIREET ADDRESS CCTY-ST-2P MIAMI, FL 33014 STREET ADDRESS CTY-ST-2P CTY-ST-2P	
TISLE Delete TISLE	ange 🔲 Addition
STREET ADDRESS CITY-ST-ZP CITY-ST-ZP	
TITLE Delete TITLE	
TRAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	unge ∐ Addation (
TITLE Delete 1816	
NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP	nge [Addition
1/ILE Delete 1/ILE	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	nge [] Addition
TIRE Delete 1016	
NAME STREET ADDRESS	
CITY-ST-ZP CITY-ST-ZIP	ge - 🗌 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). Fiorida Statutes, i further certify that the 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 office changed, or on an attachment with an address, with all other like empowered.	