

DOCUMENT # P94000059978

1. Entity Name

Principal Place of Business	Mailing Address
9300 N.W. 58TH STREET SUITE 202 MIAMI FL 33178	P.O. BOX 522003 MIAMI FL 33152-2003

Mailing Address

P.O. BOX 522003
MIAMI FL 33152-2003

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For

Not Applicable

7

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

 Delete

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

13. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)