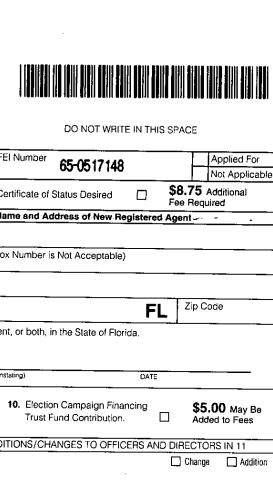
## 2002 UNIFORM BUSINESS REPORT (UBR)

## P94000064964 **DOCUMENT #** 1. Entity Name BUBBLES UNLIMITED INC. Principal Place of Business Mailing Address 2121 SW 97 CT 2121 SW 97 CT MIAMI FL 33165 MIAMI FL 33165

## FILED May 09, 2002 8:00 am Secretary of State

05-09-2002 90004 022 \*\*\*150.00



U\$	Place of Business	US  3. Mailing Address							
		3. Walling Address				, 1021100) 110 )#111 4191; 02(11 <b>24</b> 111 <b>9</b>	*** 86*** 21141 21618	ionia antin Aidi (981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4	notin 1/148		Applied For		
Zip	Country	Zip	Country		5	. Certificate of Status Desired		Not Applicable Additional	
6. Name and Address of Current Registered Agent			<b>*</b> .	Fee Required  7. Name and Address of New Registered Agent					
TEJEDA, CARLOS 2121 SW 97 CT MIAMI FL 33165				Name Street Address (P.O. Box Number is Not Acceptable)					
			$D_{I}$	City	· · · · · · · · · · · · · · · · · · ·		FL Zip C	ode	
9. This corpo	signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.		: Registered	1 Agent signature re IS \$150.00 will be \$550.	equired when		~~	.00 May Be	
11,	OFFICERS AND DIRECTORS				A	DDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEJEDA, CARLOS 2121 SW 97 CT MIAMI FL	☐ Delete					☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEJEDA, MAIRIM 2121 SW 97 CT MIAMI FL 33165			NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	of read on a management of the case of th		NAME STREET	NAME STREET ADDRESS CITY-ST-ZIP		TOTAL TO THE METERS OF THE	- Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete  Pertify that the information supplied with this filling does not qualify for the			ADDRESS T-ZIP			☐ Change	Addition	

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: