CR2E034 (10/02)

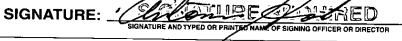
200 UNIF	3 FOR PR	OFIT CORPO	RATION RT (UBR)	FILE: Feb 17, 2003			
DOCUMI 1. Entity Name TONY H. SE		1000081140		Secretary 0 02-17-2003 90259 04			
Principal Place of 60 WEST 11TH ST. APT. 8 HIALEAH FL 33010		Mailing Address 60 WEST 11TH ST. APT. 8 HIALEAH FL 33010					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING			
City & State		City & State		4. FEI Number 65-0539610			
Zip	Country	Zip	Country	5. Certificate of Status Desired			
6	. Name and Address of C	urrent Registered Agent		-7:-Name and Address of New Registered A			
HORTA, ANTO 60 WEST 11TH	NIO		- Name Street Address (P.O. Box Number is Not Acceptable)			

FILED
Feb 17, 2003 8:00 am
Secretary of State

45 ***150.00

APT. 8 HIALEAH FL 33010 2. Principal Place of Business		APT. 8 HIALEAH FL 33010	APT. 8 HIALEAH FL 33010 3. Mailing Address		CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.						
City & State		City & State	City & State		4. FEI Number 65-0539610			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Dertificate of Status Desired		8.75 Ac	dditional	
	6. Name and Address of Cu	rrent Registered Agent -		7:-A	lame and Address of New Regi				
HORTA, ANTO			Street A		ox Number is Not Acceptable)				
HIALEAH FL 3	3010		City	-		FL	Zip Cod	 de	
SIGNATURE Signal	ature, typed or printed name of registered NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550	egent and title if applicable.	(NOTE: Registered Agent signatu		9. Election Campaign Finance	DATE		O May Be	
Make Check Pa	yable to Florida Departme	nt of State AND DIRECTORS	11.	ADI	Trust Fund Contribution.		Adde	d to Fees	
STREET ADDRESS 60		Delete		ADI	DITIONS/CHANGES TO OFFICER		Change	RS IN 11	
NAME STREET ADDRESS CITY-SI-ZIP		· Delete	NAME Street Address City-St-Zip] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	e i feren esse en	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	erier lassys	y To a section of the		Change -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.



365-H4-1402