2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

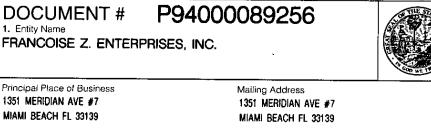
ZAYAS, FRANCOISE

1351 MERIDIAN AVE #7 MIAMI BEACH FL 33139

the obligations of registered agent.

City & State

Zip



3. Mailing Address

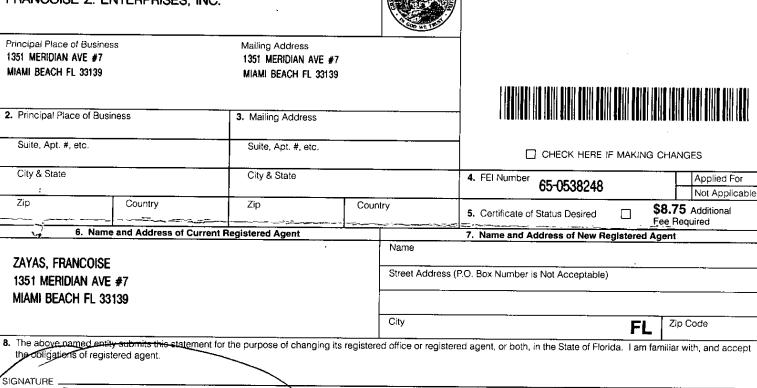
City & State

Zip

Suite, Apt. #, etc.

FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90242 038 ***150.00



SIGNATURE						
	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00	Ohul				

Country

City

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	D Delete ZAYAS, FRANCOISE 1351 MERIDIAN AVE #7 MIAMI BEACH FL 33139	TITLE NAME _ STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	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 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 10 or Block 11 if changed, or on an attachment with an addf@s, with all other like empowered.

SIGNATURE: