Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2002 8:00 am \$ Secretary of State P95000029617 DOCUMENT # 1. Entity Name LANDMARK ENTERPRISES INC. Principal Place of Business Mailing Address 14121 S.W. 92ND AVENUE 14121 S.W. 92ND AVENUE MIAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 250 CATA TO 119 3. Mailing Address Avenue CATALONIA AVENUC د9_7 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE $\leq \omega \zeta_{-}$ SOL City & State City & State 4. FEI Number Applied For 65-0622149 CAbles Coc 1Not Applicable Zip 23134 Country Country \$8.75 Additional 33134 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIS GARCIA, JESUS T. JR Street Address (P.O. Box Number is Not Acceptable) 14121 S.W. 92ND AVENUE MIAMI FL 33176 CATATORIC AURINC. SOL Ţ ourpose of changing its registered office or registered agent, or both, in the State of Florida nits this statemen 8. The above named entity SIGNATURE (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. <u>17.5.</u> CR2E034 (9/01) Change ☐ Delete TITLE GARCIA, JESUS T JR (BATCIE, JCONS NAME 14121 S.W. 92ND AVENUE STREET ADDRESS STREET ADDRESS 250 CATALONIC ALCOR, SUL CITY-ST-ZIP GORI CADRS, FL 33134 CITY-ST-ZIP MIAMI FL 33176 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME RAMIREZ, RAFAEL NAME STREET ADDRESS STREET ADDRESS 250 CATALONIA SUITE 506 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME Best & Day STREET ADDRESS 12 3 VA 6 22 STREET ADDRESS CITY-ST-ZIP 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 expressions are considered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.