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4343 WKSTL PLACLER STREET 2003/S0UFH/GISCAYME BLVD_ Do NOT WRITE IN THIS SPACE SUTTE 505 SUTTE A815 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE SUTTE 505 SUTTE A815 Application Not Application GLA State HTAMI Application Not Application MIAMI UTAMI Application Not Application 33134 FL State Not Address of Status Desired State Required MIAMI MTAMI Not Address of Status Desired State Required Not Address of New Registered Agent Not Address of Current Registered Agent Not Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA OWATURE FL State Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA OWATURE FL State Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA The address of Now Rep Control Mediatered Agent Nort Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA Control Mediatered Agent Nort Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA State Address (PL Box SALUSSOL FA Contre fact address (PL Box SALUSS	Principal Place of Business 30 GRECO DRIVE 34 GRAL GABLES: FL 33146- S	3 30 GRECO AVE 104 CORAL GABLES FL-33140-1800				, 		1 01 1 (71)
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200 Country Sc Party S	SUITE 505 City & State	SUITE 4815 City & State			FEI Number 65-0618	418		
Water Mark Name PIERO SALUSSOLIA 9990 GRECO ARE 5 104 CORAL GABLES FL 33146 Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCATNE BLVD. SUITE 4815 City ITAMI The above named entity submits this statement for the purpose of changing its registered agent. or both. In the State of Florida. (FLE O) ALLESSANDE (FUE C) ALLESSANDE (FUE C) <td< td=""><td>Zip Country 33134 FL</td><td>Zip 33134</td><td></td><td></td><td></td><td>Fee</td><td>Required</td><td>ional</td></td<>	Zip Country 33134 FL	Zip 33134				Fee	Required	ional
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Intel DPTS Intel Intel Intel Intel Intel Addition MME MOLLE, ALDO D SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS Intel AS Intel Addition Intel Addition Intel Addition Intel Addition Intel Addition Intel Addition Intel Intel <td< th=""><th> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. </th><th>FILE NOW After MAY 1, 2</th><th>/!!! FEE IS \$150.00 000 Fee will be \$55</th><th>) 0.00 of State</th><th>10. Election Campaigr Trust Fund Contrib</th><th>ution.</th><th>Added t</th><th>o Fees</th></td<>	 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 	FILE NOW After MAY 1, 2	/!!! FEE IS \$150.00 000 Fee will be \$55) 0.00 of State	10. Election Campaigr Trust Fund Contrib	ution.	Added t	o Fees
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3. 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 received or trusted 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 attachmen with an address, with all other like empowered.	TLE AME TREET ADDRESS ITY-ST-ZIP	Delete	NAME STREET ADORESS				Change	Addition
	 I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or fustes emp changed, or on an attachment with an address. 	n this filing does not qualify fi s true and accurate and that owered to execute this repor with all other like empowered	or the exemption state my signature shall ha t as required by Chap d.	d in Section ve the same ter 607, Flor	119.07(3)(i), Florida Statut legal effect as if made un ida Statutes; and that my r	tes. I further certify a der oath; that I am a name appears in Blo	hat the inf in officer o ock 11 or E	ormation r director Block 12 if