2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2003 8:00 am Secretary of State

DOCU	MENT # P950000692							05-	-12-200	3 9020:	9 049 ***	150.00	
Principal Place 10252 NW 5 MIAMI, FL 3		Mailing Address 780 N.W. 42 AVENUE SUITE 416 MIAMI, FL 33126											
	Place of Business NW 33 ST.	3. Mailing Address											
Suite, Apt. #, etc. SUITE 270					CHECK HERE IF MAKING CHAI						ig Change	S	
City & Stat		City & State	<u>-</u>		,	4. FI	El Numb		616886	-	-	Applied For Not Applicable	
^{Zip} 33172		Zip	Coun	try		5. C	ertificate	of Status	Desired		\$8.75 A		
6. Name and Address of Current Registered Agent						7. N	ame and	Address	of New F	legistere	d Agent		
RAPPORT, STEPHEN R 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134					Street Address (P.O. Box Number is Not Acceptable)								
				City						F	Zip Co	ode	
8. The shows	named entity submits this statement for	the purpose of changing its	renister		r register	ed age	nt, or bo	th in the	State of Fig		<u> </u>		
	tions of registered agent.	the purpose of changing he	. ogiston	JG 0	, logisto.	ou ugo	,, c. 50	- i, iii ii i		onaa. 14		, , and accept	
SIGNATURE	Summum, typed or primed name of moralered againt a	nd tille if applicable. (NOTE	: Recisione	d Agentsignat	lue source	when min	istating)	 -		DATE			
After Make Check	FILE NOWILL FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Payable to Florida Department o	f State		<u>. ·</u>					mpaign Fir Contributio	_		.00 May Be ed to Fees	
10.	OFFICERS AND I	DIRECTORS	11.			ADC	OITIONS/	CHANG	ES TO OFF	ICERS AN	ND DIRECTO		
, TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROACH, PAZ VERONICA 8181 NW 36 STREET MIAMI, FL 33166	□ Delete	ž.			00		33 S'	RONIC T. #2 172		⊠ Change	: Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	8	-		-					☐ Change	. Addition	
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TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAM STRE	:			<u>.</u>				☐ Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete	8								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	-						·	 -	□ Change	Addition	
indicated	certify that the information supplied with in this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, with the control of th	true and accurate and that m wered to execute this report a with all other like empowered.	y signal as requi	ture shall h red by Cha	ave the s apter 607,	ame le , Florid	gal effec a Statute	as if ma s; and th	ide under d	oath: that e appears	Lam an office	er or director	