2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000004514

1. Entity Name



FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90262 004 ***150 00

Signature Signature (speed agent) Sign	V. OF MIAMI, INC.		7	
Suite, Apt. #, etc. Check Here IF MAKING CHANGES	N.W. 22 AVENUE 2734 N.W. 22 AVENU	UE		
City & State Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required Name VILLALONGA, REGINO H 2734 N.W. 22 AVENUE MIAMI FL 33142 City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Addres	incipal Place of Business 3. Mailing Address			
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.	ite, Apt. #, etc. Suite, Apt. #, etc.	** · · · · · · · · · · · · · · · · · ·	CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLALONGA, REGINO H 2734 N.W. 22 AVENUE MIAMI FL 33142 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or primied name of registered opens and title if applicable (NOTE: Registered Agent signature required when reintaining) After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fe	ry & State City & State		4. FEI Number 65-0671123 Applied For Not Applicable	ŀ
VILLALONGA, REGINO H 2734 N.W. 22 AVENUE MIAMI FL 33142 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accented the obligations of registered agent. SIGNATURE Signature, typed orpinied name of registered agent agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CITY-ST-2IP MIAMI FL 33142 Delde TITLE NAME STRET ADDRESS CITY-ST-2IP TITLE NAME STRET ADDRESS CITY-ST-2IP STRET ADDRESS	Country Zip	Country		
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not flualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		CHY-ST-ZIP		

notified by the information of the information of the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is peort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if powered. indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of

SIGNATURE:

SIGNATURE AND TYPED OR PE