2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		# P960000 INC.	Secretary of State 01-19-2001 90007 047 ***150.00									
Principal Place of Business Mailing Address 14230 KENDALE LAKES BLVD 14230 KENDALE LAKES BLVI MIAMI FL 33183 MIAMI FL 33183							A0006605					
2. Principal P		- */	· · · ·	90th &	3¢.							
14351 5 W 90 57. Suite, Apt. #, etc. MIAMI_			143515W 90 St. Suite, Apt. #, etc. MIANI			1 ·	DO NOT WRITE IN THIS SPACE					
City & State ゲム・			City & State F. L.			4.	4. FEI Number 65-0745792			Applied For Not Applicable		
Zip 33/80		Country U-S-A and Address of Current F	33/86	Cour	الای			Status Desired	Fee	75 Add Required	itional	
1423 MIAN	AI FL 33183	LAKES BLVD.			City	M/A	351 Mi	is Not Acceptable)	90 S.	Zip Code		
8. The above	named entity	submits this statement for	the purpose of changing its	s register	ed office or	registered a	gent, or both,	in the State of Flor	ida.			
SIGNATURE.	Signature, typed o	or printed name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signatu	re required when	reinstating)		DATE			
Tax filing r		ole to satisfy its Intangible and elects to do so.	FILE NOW After MAY 1, 2 Make Check Paya	001 Fee	will be \$5	50.00		ion Campaign Fina Fund Contribution			May Be to Fees	
11.		OFFICERS AND D	DIRECTORS	12.			DDITIONS/C	HANGES TO OFFIC	CERS AND DIF	ECTORS	IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PEREZ, CA 14230 KEN MIAMI FL	IDALE LAKES BLVD	☐ Delete		1	PERES 1435 MINA	= , car. , 5.W ~ , F4	. 904st . 33186	_	Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>		☐ Delete		i					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITU NAM STRE	= -					Change	Addition	
indicated of the cor	on this report poration or the	or supplemental report is receiver or trustee empor	this filing does not qualify for true and accurate and that wered to execute this report ith all other like empowered	my signa t as requi	ture shall ha	ave the same	e legal effect a rida Statutes;	as if made under or and that my name	ath; that I am a appears in Blo	n officer o	or director Block 12 if	
SIGNAT	URE: _	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICE	OR DIRECT	TOR			/8/01 Date	(305)3 Daytime	839 Phone #	908	