

FILED
Mar 17, 2003 8:00 am
Secretary of State

DOCUMENT # P96000017664



Mailing Address
19155 S.W. 216 STREET
MIAMI FL 33170

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-----	---

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	---------------------------------	-----------------------------------

NAME	
OBJECT ADDRESS	

STREET ADDRESS
CITY-ST-ZIP

[illegible]NAME ☐ Change ☐ Addition

STREET ADDRESS

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-09-03. (305) 323-2803

Date _____ Daytime Phone # _____

CR2E034 (10/02)