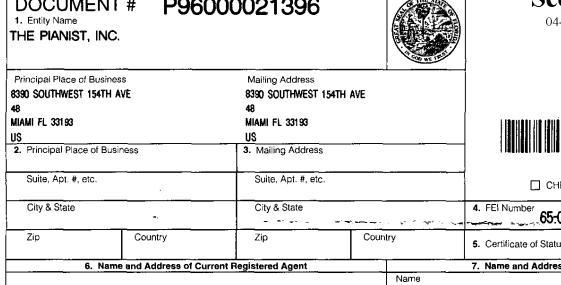
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR** P96000021396 DOCUMENT #



## **FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90170 011 \*\*\*150.00

				Coo WE IT					
Principal Place of Business 8390 SOUTHWEST 154TH AVE 48 MIAMI FL 33193			Mailing Address 8390 SOUTHWEST 154TH AVE 48 MIAMI FL 33193 US						
<b>US</b> 2. Principal F	Place of Business		3. Mailing Address				<u> </u>		
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	te -		City & State			4. FEI Number 65:0650014 Applied For Not Applicable			
Zip Country		Zip	<del> </del>		5.	Certificate of Status Desired	\$8.75	Additional	
	6. Name and Address of	of Current Registers	ed Agent	<u> </u>	7.	Name and Address of New Reg			
OLMOS, DULCE M 8390 SOUTHWEST 154TH AVE 48				Name Street Addre	Name  Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33193				City			FL Zip	Code	
	tions of registered agent.			s registered office or reg	istered a	gent, or both, in the State of Floric	da. I am familiar	with, and accept	
	Signature, typed or printed name of re-	gistered agent and title if app	olicable. (NO	TE: Registered Agent signature re	quired when	reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$19 r May 1, 2003 Fee will be k Payable to Florida Depa	\$550.00				Election Campaign Finar     Trust Fund Contribution.	· - ·	\$5.00 May Be Added to Fees	
10.	. OFFIC	CERS AND DIRECTO	PRS	11.	Δ	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 11	
	P OLMOS, DULCE M B390 SOUTHWEST 154T MIAMI FL 33193	H AVE #48	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	مهو چانسا		☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	; *.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🗌 Addition	
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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: \