## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P96000025711 DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

1671 WEST 39TH PLACE

Suite, Apt. #, etc.

CABRERA, CELIA

1316 WEST 60 TERRACE HIALEAH FL 33012

City & State

Zip

HIALEAH FL 33016

UNIT 16



Mailing Address

P.O. BOX 12-6156

HIALEAH FL 33012

3. Mailing Address

City & State

Suite, Apt. #, etc.



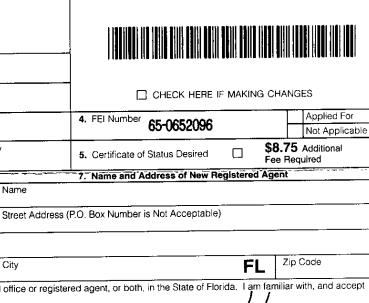
Country

Name

City

**FILED** Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90083 032 \*\*\*150 00



8. The above named entity submide this statement for the pulpage of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FI After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State		9. Election Campa Trust Fund Cont	tribution.	Added	May Be to Fees	
NAMĘ	OFFICERS AND DIRECTOR PSD CABRERA, CELIA 1316 WEST 60 TERRACE HIALEAH FL 33012	S Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES T		IRECTORS Change	IN 11 Addition
STREET ADDRESS	TD CABRERA, MARIO 1316 WEST 60 TERRACE HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
STREET ADDRESS	VD PEREDA, IVETTE 4910 S.W. 150 TERRACE MIRAMAR FL 33027	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. I hereby certify that the information supplied with this filling 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:

Date

2003

Daytime Phone #

CR2E034 (10/02)