## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name	MENT. # . <b>P.96000</b> 0 iness, inc.	60			Mar 22, 2000 8:00 am Secretary of State 03-22-2000 90045 017 ***150.00			
Principal Place	e of Business	g Address						
71. 71. 71. 71. 71. 71. 71. 71. 71. 71.			FEDERAL HWY UDERDALE FL 33304-2707				4681 (181 <b>8</b> 6)1(	(1 <b>44</b> 11 <b>(45</b> 1
2. Principal Place of Business			ailing Address					
Suite, Apt. #, etc.			te, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State C			& State			4. FEI Number 65-0671698		plied For t Applicable
Zip Country		Zip	Country		ry	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
6. Name and Address of Current Registers			d Agent		Name	7. Name and Address of New Registered Agent		
MARTINEZ, GUSTAVO A JR. 928 N. FEDERAL HWY FT LAUDERDALE FL 33304			Street Address (			(P.O. Box Number is Not Acceptable)		
	named entity submits has statement for		1 1		1 (0)	tered agent, or both, in the State of Florida.	<u> </u>	
9. This corpo Tax filing re	Signature, typed or o'inled name of legistered agent pration is eligible to satisfy its Intangible equirement and elects to do so.	•	FILE NOW After MAY 1, 2 lake Check Paya	TE. Registered	wil <b>l be</b> \$550.00	DATE  10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees
11.	OFFICERS AND	DIRECTO		12.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Martinez, Gustavo a Jr. 928 n. Federal Hwy Ft Lauderdale Fl 33426		☐ Delete		l l		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MANNING, TANGERÎNE J 928 N. FEDERAL HWY FT LAUDERDALE FL		☐ Delete		1		373	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		ı		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				Change	☐ Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee and, or on an attachment with an address.	n this filing s t ue and owered to with all ot	does not qualify f accurate and that execute this reported for like empowers	or the exen my signaturas required.	nption stated in ure shall have th ed by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am 607, Florida Statutes; and that my name appears in B	that the in an officer of lock 11 or	iformation or director Block 12 if

FILED