2000	UNIFORM BUSI	NESS REPOR	RT (UBR)					
1. Entity Name	MENT # P960000	FILED Apr 25, 2000 8:00 am Secretary of State 04-25-2000 90044 002 ***150.00						
Principal Place of Business		Mailing Address		-				
9141 S.W. 85TH STREET MIAMI FL 33144		9141 S.W. 85TH STREET MIAMI FL 33173-4524			UUU37 0J	J		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	NOT APPLICABLE		plied For t Applicable	
Zìp Country		Zip Country		5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	litional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	iress of New Registered			
	·	······	Name		······································			}
HERRAN, DANIEL 9141 SW-85TH STREET MIAMI FL 33173			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MAMIEL 33113			City	FL Zip Code				
8. The above	named entity submits this statement for t	ne purpose of changing its re	egistered office or regist	tered agent, or both, in	the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable (NOTE. F	Registered Agent signature requi	red when reinstating)	DATE			
 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			FEE IS \$150.00 Fee will be \$550.00 to Department of S) Trust F	n Campaign Financing und Contribution.	\$5.0	0 May Be to Fees	
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CH/	ANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERRAN, DANIEL 9141 S.W. 85TH STREET		TITLE NAME STREET ADDRESS CITY-ST-ZIP			🗌 Change	Addition	CR2E034 (9/99
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete HERRAN, DANIEL 9141 S.W. 85TH STREET MIAMI FL 33173		TITLE NAME STREET ADDRESS CITY - ST- ZIP			Change	· 🗌 Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>- , </u>		Change	Addition	
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TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			Change	Addition	
indicated of the cor changed,	certify that the information supplied with th on this report or supplemental report is to poration or the receiver or trueted ampow or on an attachment of an address, with	rue and accurate and that my	<i>i</i> signature shall have th	te same legal effect as	ut made under oath: that L	am an omcer	or airector	
SIGNAT		NTED NAME OF SIGNING OFFICER OF	R DIRECTOR	7	Date I	Daytime Phone #		[