2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other life

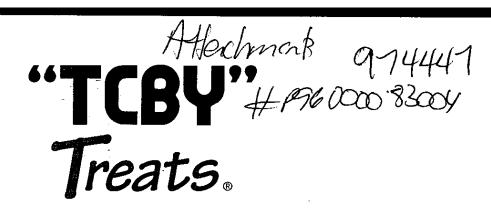
SIGNATURE:

Aug 15, 2002 8:00 am Secretary of State DOCUMENT # P96000083004 1. Entity Name 08-15-2002 90046 004 ***150.00 WHAT A CONCEPT, INC. Principal Place of Business Mailing Address 8684 SW 72ND STREET 8684 SW 72ND STREET **MIAMI FL 33143** MIAMI FL 33143 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 Applied For 65-0706327 Not Applicable Zip 🕹 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINARES, MARIA E Street Address (P.O. Box Number is Not Acceptable) 5010 SW 87 CT **MIAMI FL 33165** City Zip Code 8.º The above named entity submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Florida. I am familiar with and accept process the obligations of registered agent. the obligations of registered agent. PRINCIPAL EXCHANGE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) A.9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME LINARES, MARIA E NAME STREET ADDRESS 5010 SW 87 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NIETO, MARLEEN STREET ADDRESS .5010, SW_87_CT_ STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporation of the receiver of trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as regained by Chapter 607, Florida Statutes; and the corporation of the receiver of the corporation of the receiver of the receiver

y Chapter 607, Florida Statutes; and that my name a

Date

FILED



August 10, 2002

Division of Corporations
Uniform Business Report Filings
P.O. 1500
Tallahassee, Florida. 32302-1500

Dear Ms. Harris:

Please be aware that we did not receive the first UBR report and therefore that's why we did not pay on time. Kindly accept the \$150.00 filing fee that we have been paying for the past 5 years.

Thank you for your attention to this matter.

1 Walt

Marleen Nieto,

parameter and the second

Director.

- Sincerely,