FILED
Jun 25, 2002 8:00 am
Secretary of State

05-14-2002 90362 017 ***150.00

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DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086244 NCA 2074.

1. Entity Name

~~Centro Unico La Sagrada Familia~~

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2. Principal Place of Business	3. Mailing Address
3900 NW 79 AV	3900 NW 79 AV
Suite, Apt. #, etc. 529	Suite, Apt. #, etc. 529
City & State Miami FL	City & State Miami
Zip 33166 Country USA	Zip FL 33166 Country USA

4. FEI Number 65-0761226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name JACQUELINE GRECO

Street Address (P.O. Box Number is Not Acceptable)

3900 NW, 79 AVE # 529

City MIAMI FL Zip Code 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ JACQUELINE GRECO 06/18/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greco, Jacqueline 3900 NW 79 Ave Suite 529 Miami FL. 33166.
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CR2E034B (12/01)

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #