FILED Apr 25, 2003 8:00 am Secretary of State

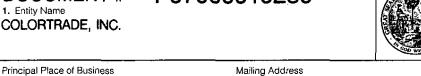
04-25-2003 90150 009 ***158.75

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000019280

6701 NW 84TH AVENUE



6701 NW 84TH AVENUE



MIAMI FL 33166 **MIAMI FL 33166** US ·US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0735247 Not Applicable Zip Country Zip 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 Name DOZSA, ESTEBAN P Street Address (P.O. Box Number is Not Acceptable) 6701 NW 84TH AVENUE MIAMI FL 33166 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Chance ☐ Addition TITLE Delete TITLE ESTEBAN, DOZSA NAME NAME 6701 NW 84TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE DOZSA, PEDRO NAME NAME STREET ADDRESS STREET ADDRESS 6701 NW 84TH AVENUE CITY-ST-7IP CITY-ST-ZIP MIAM! FL 33166 Change Delete TITLE VР TITLE ☐ Addition NAME Hazard, Felipe NAME STREET ADDRESS 6701 NW 84TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 TITLE ☐ Delete TITLE ☐ Change Addition HAZARD, FELIPE NAME NAME STREET ADDRESS 6701 NW 84TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP Delete TITLE ☐ Change □ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

