

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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90106 035 \*\*\*558.75

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**DOCUMENT # P97000040929**

1. Entity Name  
**MARY IRMA, INC.**



Principal Place of Business  
**340 NE 8 ST.TREET  
BAY #4  
HOMESTEAD FL 33030  
US**

Mailing Address  
**340 NE 8 ST.TREET  
BAY #4  
HOMESTEAD FL 33030  
US**



2. Principal Place of Business  
**1207 N. Krome Ave.**

3. Mailing Address  
**1207 N. Krome Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Homestead, FL.**

City & State  
**Homestead, FL.**

4. FEI Number **65-0756744**

Applied For  
 Not Applicable

Zip **33030** Country **US**

Zip **33030** Country **US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRER, DICK  
1611 NW 16 AVE  
HOMESTEAD FL 33030**

Name **Mary C. Sanseviero**  
Street Address (P.O. Box Number is Not Acceptable)  
**1620 N.W. 15 Terrace**

City **Homestead** **FL** Zip Code **33030**

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 *M. Sanseviero* - Vice President 8/29/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANSEVIERO, IRMA 1620 NW 15 TER HOMESTEAD FL 33030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SANSEVIERO, MARY C 1620 NW 15 TER HOMESTEAD FL 33030</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FERRER, REBECCA 1611 NW 16 AVE. HOMESTEAD FL 33030</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Maria Sanseviero* **SIGNATURE REQUIRED - President** 8/29/03 305.248.2343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E034 (4/03)