2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT

P97000042582



Principal Place of Business

CONVERY REPORTING INC.

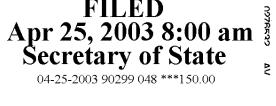
1. Entity Name

2147 NE 182ND STREET

SIGNATURE!

Mailing Address

2147 NE 182ND STREET



MIAMI FL 3310 US	STE 106 Miami Fl 33162 US					
2147	Place of Business NE Rand Strat	3. Mailing Address	630126)	FICAL HILLI DIERF 18410 (1867 686) ,	
	NE	Suite, Apt. #, etc.		CHECK HERE IF MAKING		
City & Stat	B. 7233162		1 33/63-012		Applied For Not Applicable	
^{Zip} 33)	62 Country U.S.A.	331-3-0126	Country V.S.A.	9. 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						
CONVERY, MARIANA C			Name Street Address (I	Street Address (P.O. Box Number is Not Acceptable)		
2147 NE 182ND STREET			_			
MIAMI FL	MIAMI FL 33162					
			City	FL	Zip Code.	
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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONVERY, MARIANA C 2147 NE 182ND STREET MIAMI FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 용	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.