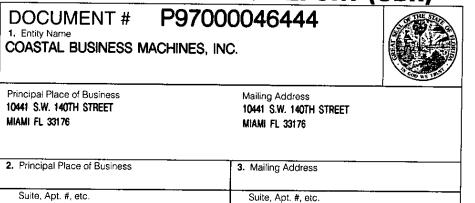
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

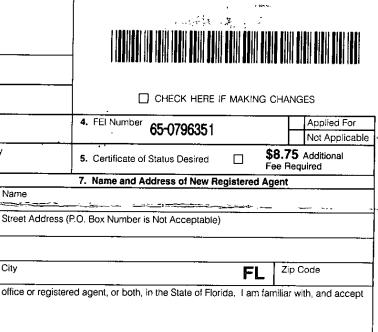


City & State

Zip



03-24-2003 90653 002 ***150.00



| MIAMI FL 33173 | | | | | | |
|--|---|----------|---|--|-----------------|---------------------------|
| | | | City | | FL Zip C | ode |
| 8. The above the obligate SIGNATURE | e named entity submits this statement for the purptions of registered agent. Signature, typed or printed name of registered agent and title if app | | s registered office or register | | | h, and accept |
| Make Check | ILE NOW!!! FEE IS \$150.00 r-May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State | | | Election Campaign Finar Trust Fund Contribution. | ~ _ ~ | .00 May Be led to Fees |
| 10. | OFFICERS AND DIRECTO |)RS | 11. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTO | PRS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SKIPPER, RICHARD L 10441 S.W. 140TH STREET MIAMI FL 33176 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Chang | e Addition |
| STREET ADDRESS | VD SKIPPER, JANET 10441 S.W. 140TH STREET MIAMI FL 33176 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Chang | Addition |
| TITLE NAME <u>STREET ADD</u> RESS CITY-ST-ZIP | | □ Delete | TITLE NAME - STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADORESS CITY - ST-ZIP | • | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | ☐ Change | Addition |

Country

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

City & State

ALVAREZ, AMADO A ESQ.

Country

LAW OFFICES OF ALVAREZ & ALVAREZ-ZANE 7000 S.W. 97TH AVENUE SUITE 200

6. Name and Address of Current Registered Agent

Zip

Date