2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700060642

Principal Place of Bus	iness	Mailing Address	-		İ		
8855 SW 107TH AVE. MIAMI FL 33176 US		7222 RED ROAD S. Miami FL 33143 US					
2. Principal Place of E	Business	3. Mailing Address Suite, Apt. #, etc.					
Suite, Apt. #, etc.							
City & State		City & State					
Zip	Country	Zip	- Coun	itry			
6 N	ame and Address of Cu	rrent Besistered Asset		1	٠		

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90326 005 ***150.00

0033 SW 1071H AVE. MIAM! FL 33176 US			S. MIAMI FL 33143 US			<u> </u>	0 3 9 2 9 6						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
						DO NOT WRI	TE IN TH	IS SPA	4CE				
City & State		City & State		4.	4. FEI Number 65-0766953						Applied For Not Applicable		
Zip	. , 	Country	Zip	"Cour	ntry	5.	Certificate of S	itatus Desired			3.75 Add	ditional	1
	6. Name	and Address of Current	Registered Agent		Π	7. 1	Name and Ad	dress of New F	Registere		•		4
GROSS, ROBERT A 7222 RED ROAD SOUTH MIAMI FL 33143				Name Street A	ddress (P.O. E	3ox Number is	Not Acceptable	e)				- - - -	
					City				F	L	Zip Code	 9	$\frac{1}{2}$
8. The above		y submits this statement for or printed name of registered agent a	the purpose of changing its			registered ag		the State of Flo	orida. DATE	······································			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) M			FILE NOW!! After MAY 1, 200 Make Check Payab	01 Fee	will be \$5	50.00		n Campaign Fir und Contributio	_			0 May Be to Fees]
11.		OFFICERS AND I	DIRECTORS	12.		AD	DITIONS/CHA	ANGES TO OFF	ICERS AI	ND DI	RECTORS	3 IN 11	1,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS GROSS, F 7222 RED S. MIAMI	ROAD	□ Celete								} Change	☐ Addition	00,01,100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BELLINSO 7222 RED S. MIAMI		□ Delete							C) Change	☐ Addition	100
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Delete	CITY-	ET ADDRESS ST-ZIP						Change	Addition	1
13. I hereby o	ertify that the	information supplied with t	his filing does not qualify for	the exer	nption state	d in Section 1	119.07(3)(i), Fk	orida Statutes. I	I further c	ertify t	that the in	formation	l

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