2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000066859 **DOCUMENT #**

1. Entity Name



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90175 012 ***150.00

Business EET FL 33334 of Business C.	1416 N FORT I	g Address IE 55TH STREET LAUDERDALE FL 333 ing Address	34						
		ing Address							
2.	Suite				-				
	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State					4. F	65-0774204	Applied For Not Applicable		
Country	Zip — Countr			ryরকভিত্তিক লা	- 5 ;-C		\$8.75 Ade],
Name and Address of Current I	Registere	d Agent			7. N	lame and Address of New Registered	gent]
				Name					
RODRIGUEZ, SONIA			Street Address						
1416 NE 55TH STREET									┧
DALE FL 33334									
			•	City		FL	Zip Coo	ie	
ed entity submits this statement for of registered agent.	the purp	ose of changing its I	registere	ed office or register	red age	ent, or both, in the State of Florida. I am f	amiliar with,	and accept	
ture, typed or printed name of registered agent a	and title if app	licable. (NOTE	: Registered	1 Agent signature required	d when re	oinstating) DATE			
NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00		A -				9. Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde]
OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11],
DRIGUEZ, MANUEL) 1416 NE 55TH STREET RT LAUDERDALE FL 33334		☐ Delete	NAME STRE	E ET ADDRESS			☐ Change	☐ Addition	
		☐ Delete	NAMI STRE	E ET ADDRESS			☐ Change	Addition	
=	-	□ Delete	NAMI STRE	E Et address			☐ Change	☐ Addition	
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	- - -	□ Delete	NAM STRE CITY	E EET ADDRESS - ST-ZIP			☐ Change	Addition	
	STREET DALE FL 33334 ed entity submits this statement for of registered agent. ture, typed or printed name of registered agent at the typed or printed name of registered agent at the typed of printed name of registered agent at the typed of type	STREET DALE FL 33334 ed entity submits this statement for the purp of registered agent. ture, typed or printed name of registered agent and title if app NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of State OFFICERS AND DIRECTO DRIGUEZ, MANUEL 1 1416 NE 55TH STREET RT LAUDERDALE FL 33334	STREET DALE FL 33334 ed entity submits this statement for the purpose of changing its of registered agent. ture, typed or printed name of registered agent and title if applicable. (NOTE NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of State OFFICERS AND DIRECTORS Delete Delete Delete Delete Delete	CONIA STREET DALE FL 33334 ed entity submits this statement for the purpose of changing its registered of registered agent. Iture, typed or printed name of registered agent and title if applicable. (NOTE: Registered yable to Florida Department of State OFFICERS AND DIRECTORS I1. OPFIGUEZ, MANUEL OFFICERS AND DIRECTORS I1. OPEIGUEZ, MANUEL OFFICERS AND DIRECTORS III. OPEIGE OPEIGE	Street Address in City and an interpretation of the purpose of changing its registered office or register of registered agent. Attention by the street interpretation of the purpose of changing its registered office or register of registered agent and title if applicable. Attention by the street interpretation of the purpose of changing its registered office or register of registered agent and title if applicable. An interpretation of the purpose of changing its registered office or register requires to register address in the purpose of changing its registered office or register of registered agent. An interpretation of the purpose of changing its registered office or register requires to register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or register address in the purpose of changing its registered office or registered office or registered office or registered office or registered agent in the purpose of changing its registered office or registered office or registered office or registered office or registered agent in the purpose of registered agent in the purpose of changing its registered office or registered agent in the purpose of	NAME STREET DALE FL 33334 City city ed entity submits this statement for the purpose of changing its registered office or registered agort registered agent. Now, bybed or printed name of registered agent and title if applicable. NOW!!! FEE IS \$150.00 y1, 2003 Fee will be \$550.00 yable to Florida Department of State OFFICERS AND DIRECTORS 11. AE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL city FL	Name and Address of Current Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cox ad antity, submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, of registered agent. NOW!! FEE IS \$150.00 y1, 2003 Fee will be \$550.00 yable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Addition Date PL Addition City 1, 2003 Fee will be State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent, or both, in the State of Florida. I am familiar with, and accept agent age

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: