

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90063 041 ***158.75

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

DOCUMENT # **P97000068112**
 1. Entity Name
DADE CORPORATE SERVICES, INC. ✓

DO NOT WRITE IN THIS SPACE

B0093710

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2. Principal Place of Business 2300 CORAL WAY		3. Mailing Address 2300 CORAL WAY	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33145	Country DADE	Zip 33145	Country DADE

4. FEI Number 65-0775788	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VIVIAN WILLIAMS
Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY
City MIAMI
State FL
Zip Code 33145

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP WILLIAMS, VIVIAN 2300 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LOPEZ MARIA 2300 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRERA, LINDA 2300 CORAL WAY MIAMI, FL 33145
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: **Vivian Williams** **VIVIAN WILLIAMS** 4/30/02 (30) 8895758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)