2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000078474 DOCUMENT



FILED Mar 19, 2003 8:00 am & Secretary of State

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Suite, Apt. 4, etc. Chy & State Cov A State Covering Country Zip Country S. Certificate of Status Desired \$8.75 A Address \$9.75 A Address \$9.75 A Address \$9.75 A Address \$1. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Town Address Sirent Andress Chy FL Zip Code Street Andress Street Andress Street Andress Street Andress Street Andress Chy FL Zip Code Street Andress Street Andress Chy FL Zip Code Chy FL Zip Code Chy FL Zip Code Street Andress Chy FL Zip Code Chy FL Zip Chy	8522 NW 43RD COURT			8522 NW 43RD COURT				
City & State Ci	Principal Place of Business Address Mailing Address					· · · ·		
Zip Country Zip Country S. Certificate of Status Desired Set Address of Set Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOSO, PATRICIO 6522 N.W. 43RD COURT CORAL SPRINGS FL 33065 City FL Zip Code 8. The action provided in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam fair liar with, and a the objection of the change o	Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	City & State			City & State			4. FEI Number 65-0799265 Applied For Not Applicable	
DONOSO, PATRICIO 8522 N.W. 43RD COURT CORAL SPRINGS FL 33085 City FL Zip Code 8. The above named come submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and a factor throughout agent and rise if agenciable. SIGNATURE Springs FL Now!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 MAKE SIRET ADDRESS CITY-ST-2IP CORAL SPRINGS FL 33085 TITLE OPEN STATE ADDRESS CITY-ST-2IP CORAL SPRINGS FL 33085 TITLE OPEN STATE ADDRESS CITY-ST-2IP TIT					Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
DONOSO, PATRICIO 8522 N.W. 49RD COURT CORAL SPRINGS FL 33065 City FL Zip Code 8. The above named griths, 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 a the obligablest of hospitons agent. SIGNATURE Signature, 1994 of present darked agent agent. FILE NOW!!! FEE IS \$150.00 Make Check Papable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OR STEET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE 10. OR STEET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11.	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named annie, 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, and a regulative for both in the State of Florida. I am familiar with, and a face of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a face of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a face of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a face of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a face of Florida Plant with a face of Florida Plant with and a face of Florida Plant with a face of Florida Plant with a face of Florida Plant with and a face of Florida Pl			والمراوات والمتواد المتدومين	and the second second	-	Name	the second secon	
8. The above named of the 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, and a the obligation of a submit and agent. Signature Signature						Street Address (P.O. Box Number is Not Acceptable)		
B. 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 a the obligation of Position Agents agent. Signature	CORAL SPRINGS FL 33065							
SIGNATURE Signature Signa						•	Г∟ '	
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	signature F	Signature, typed	PEE IS \$150.00 3 Fee will be \$550.00	and title if applicable. (NOTE			when reinstating) 9. Election Campaign Financing \$5.00 May Be	
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CITY-ST-ZIP CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii).	CITY-ST-ZIP	ertify that the	information consilied with	Main Ellina alaman esta de esta	CITY-ST	-ZIP		

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:

Daytime Phone #