## **2003 FOR PROFIT CORPORATION**

Mailing Address

MIAMI FL 33137

3. Mailing Address

City & State

Suite, Apt. #, etc.

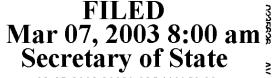
114 NE 54 STREET

## **UNIFORM BUSINESS REPORT (UBR)** P97000079903 DOCUMENT # 1. Entity Name

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS



	03-07-2003 90081 0	25 ***150.00			
	CHECK HERE IF MAKING				
<del>.</del>	4. FEI Number or 0704000	Applied For			
	4. Fer Number 65-0781889	Not Applicable			
Country	5. Certificate of Status Desired \$8.75-Additional Fee Required				
	7. Name and Address of New Registered	Agent			
Name					
Street Addre	ss (P.O. Box Number is Not Acceptable)				

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. I am familiar with, and accept

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

D.N. CILLA, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

MAYOR, RAFAEL D 8530 NW 5 STREET PEMBROKE PINES FL 33024

City & State

SIGNATURE

114 NE 54 STREET

MIAMI FL 33137

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

DATE

	OT TOERS AND DIRECTORS		TI: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI		211/11
TITLE	PVST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MAYOR, RAFAEL D		NAME		
STREET ADDRESS	114 NE 54 STREET		STREET ADDRESS		]
CITY-ST-ZIP	MIAMI FL 33137	*	CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	Addition
NAME	MAYOR, RAFAEL D		NAME	_ •	
STREET ADDRESS	114 NE 54 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		CITY-ST-ZIP		
TITLE		] Delete	DILE		Addition
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NAME			NAME		_
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			C!TY-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 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