5/18

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090159

1. Entity Name

QUE PASA...MIAMIJ, INC.

Mailing Address

1393 SW 1ST STREET SUITE 430

MIAMI, FL.33135

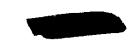
1393 SW 1ST STREET

SUITE:430 MIAMI, FL. 33135

. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jun 25, 2001 8:00 am Secretary of State

05-18-2001 91596 032 ***150.00



(305)649-0014

4-13-01

DO NOT WRITE IN THIS SPACE

| City & State | | | Cit | City & State | | | 4.5EJ | Number 8 | 028 | 8 <i>5</i> Z | | | oplied For ot Applicabl | |
|---|---|---|-------------------------|-----------------------------------|-------------------------------|--|---------------------|-------------|---------------|----------------------------------|---------|-------------|----------------------------|--|
| Zip Country | | | Zig | Zip Cour | | 5. Certificate of Status Desired | | | id [| □ \$8.75 Additional Fee Required | | | | |
| | 6. Name an | d Address of Cu | rrent Register | red Agent | | | 7. Nam | e and Addr | ess of Ne | w Regist | ered Ag | ent | | |
| | | | | - | | Name ~ | ٠ | | | - | | | ~ | |
| ALFONSO, JOSE RAUL: DR. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 1393 SW 1ST STREET | | | | | | Suest Aduless (F.O. DOX NUMBER IS NOT ACCEPTABLE) | | | | | | | | |
| SUITE 430 | | | | | | | | | | | | | | |
| MIAMI, FL. 33135 | | | | | | City Zip C | | | | | | Zip Coo | la | |
| | | | | | | City | | | | • | FL | 2.000 | | |
| IGNATURE _ | | | | pose of changing its | | | | | ne Siate o | | | | | |
| | Signature, typed or pr | inted name of registers | d agent and title if ap | opticable. (NOT | E: Registers | Agent signature requi | ired when reinstati | ng) | | . 1 | DATE | | | |
| Tax filing re | oration is eligible equirement and ria on back) | to satisfy its Inta elects to do so. | ngible | FITE NOW WORLD STATE | III FEE 01 Fee 3e to De | 13(315000) | aio (C | | d Contribi | ution. | · 🗅 | Added | May Be to Fees | |
| í. | | OFFICERS | AND DIRECTO | ORS | 12. | | ADDITI | ONS/CHAN | IGES TO | OFFICERS | | | | |
| TLE VME TREET ADDRESS. TY-ST-ZIP | _11790 | o, Jose sw 18th FL. 33 | ST, SL | Delete DR. JITE 53 0 | 1 | 4 | | | | | |] Change | ☐ Addition | |
| ile NAE Treet address Ty-st-zip | | | | ☐ Delete | | | | | | | |] Change | Addition | |
| TLE . | | | | ☐ Delete | TITLE | | | | | | C |] Change | Addition Addition | |
| REET ADDRESS I | | | | | | T ADDRESS ST-ZIP | | | | | | | | |
| le Me Reet address Y-ST-ZP | | | | Deleta | | | · · | | - | | | Change | Addition . | |
| LE ME REET ADDRESS Y-ST-ZIP | | | | Delete | | I . | | | | | |] Change | ☐ Addition | |
| LE ME WEET ADDRESS Y-ST-ZIP | | | | ☐ Delete | TITLE HAME STREE | T ADDRESS | | | ••• | | |] Change | Addition | |