2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000104569 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Nar				03-17-2003 90463 046	***150.00	
Principal Pla 5600 S.W. 13 MIAMI FL 331		Mailing Address 5600 S.W. 135 AVE. #113 MIAMI FL 33183		 	DIJ BINDI BIHAD DUND KAN TROK	
Principal Place of Business 3. Mailing Addres			H-31			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0803437	Applied For Not Applicable	
Zip	Country	Zip ·	Country	5. Certificate of Status Desired	8.75 Additional ee Required	
	6. Name and Address of Curren	Registered Agent		7. Name and Address of New Registered Agent		
				Name		
FUENMAYOR, GLENDA 5600 S.W. 135 AVE. #113			Street Address	(P.O. Box Number is Not Acceptable)		
MIAMI FL 33183			0.	,		
8. The above	e named entity submits this statement f	or the purpose of changing its	City s registered office or registe	FL red agent, or both, in the State of Florida. I am far	Zip Code miliar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agen-	and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENMAYOR, GLENDA 5600 S.W. 135 AVE. #113 MIAMI FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-387-75-37 3-10-03

Daytime Phone #