## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2003 8:00 am Secretary of State

Principal Place			10091021							
MIAMI, FL 33	3177	MIAMI, FL 33177				• •				
2. Principal P	Tace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-0807880			Applied For Not Applicable			
Zip	Country	Zip	Courr	try	5. (	Certificate of Status Desired	□ <b>\$</b>	8.75 Ac	iditional ed	
	6. Name and Address of Current	Registered Agent			7. N	laine and Address of New Ro	gistered Aç	ent		1
BALDEO, C	HANDRADATH P	الباء المحاد بالمحصوص المعج		Name	<del></del>	o granda de la casa de		s <del>*</del>		1
11875 S.W. MIAMI, FL 3				Street Address (P.O. Box Number is Not Acceptable)						
	•			City		***	FL	Zip Co	de	}
	named entity submits this statement for	or the purpose of changing its	registere	ed office or registe	ered age	ent, or both, in the State of Flor		miliar with	, and accept	1
SIGNATI IRE										
	Signature typed or primed name of segment agent	and offer if applicable (NOTE	Ацена	Appnisignatura raspira	al whon so	installing)	CATE			1
After	ILÊ NOWEL FEE IS \$150.00 May 1,2003 Fee Will be \$550.00 Payable to Florada Department	of State				Election Campaign Fina Trust Fund Contribution		<b>\$5.</b> 0 Adde	00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	NRECTOR	1S IN 11	1_
TITLE	PD CHANDRADATAR	☐ Defete	TITLE				í	Change	Addition	70%
NAME STREET ADDRESS CITY-ST-2P	BALDEO, CHANDRADATH P 11875 SW 188 ST MIAMI, FL 33177		STREE	: ET ADERESS -ST -21P				,		CR2E034 (10/02
TITLE		□ Nelete .	TALE			——————————————————————————————————————	. [	Change	Addition	122
NAME			NAME	·						
STREET ADDRESS CITY-ST-2P				ET ADDRESS ST-ZIP		•				
TITLE NAME		☐ Delete	TITLE	ı			[	Change	Addition	
_STREET ADDRESS CITY-ST-ZP	in the second of	er a reference	STIE	ST-ZIP		THE STATE OF STATE SHOWS IN THE STATE OF	~~~~	٠		
TITLE		☐ Delete	TITLE	— <del>-</del> -		<u></u>		Change	Addition	ł
NAME			NAME							1
STREET ADDRESS City-St-ZP				ST-ZIP						
TITLE		☐ Delete	TITLE	1		·	[	Change	Addition	
STREET ADDRESS			NAME CONT	T ADDRESS						
CITY-ST-2P				ST-ZIP						
TITLE	····	☐ Delete	TITLE				[	Change	Addition	
STREET ADDRESS			NAME STREE	T ADDRESS						1
CITY-ST-ZP				ST-21P						
indicated of the corp	ertify that the information supplied with on this report or supplemental report is coration or the receiver or trustee empo or on an attachment with an address, to	true and accurate and that movered to execute this report a	ranpie v	ire shall have the	same le	east effect as if made under or	th: that I am	an office	r or director	

SIC.	M.	ATI	IRF