·			RT (UBF	R)	FIL May 15, 20 Secretary 05-15-2001 9020	001 8:00 of Stat	e
Principal Place	e of Business	Mailing Address					
144 BRICKELL AVE STE 650 Miami Fl 33131		444 BRICKELL AVE STE 650 Miami Fl 33131			D0051545		
					2 (00)(05) ((0)0)5 ((0))	IC BANCO ANGRA 16186 CINTO ANG	11 (8) (11)
2801 Pa	ace of Business DICE DE LEON BLVI		DE LEON A	evo.		 	
Suite, Apt.	650	Suite, Apt. #, etc. So/TE 650			DO NOT WRITE I		
	GABLES, FL	CORAC GABLE		4.	FEI Number 65-0919235		plied For t Applicable
33134	Country USA	33134	Country	5.	Certificate of Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Reg	istered Agent	
MIAMI FL 33133				TAMES L. WEINTRAUB Street Address (P.O. Box Number is Not Acceptable) 2301 PONCE DE LEON BLVD. SOME 650 City CORAL GABUES FL Zip Code 33134			
Tax filing r	Signature, typed or printed name of registered agent printed name of registered agent printed name of registered agent printed in the printed printed in the printed printed in the printed printed printed in the printed pri	<u> </u>		00 50.00	10. Election Campaign Finar Trust Fund Contribution.		0 May Be
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFIC		\$ IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINTRAUB, ALBERT L 444 BRICKELL AVE STE 650 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBE	LEUPENT RT L WEINTRA PONCE DE LEON B GABLES, FL	103 300 JSUITE 331 3 4	Addition (CO26)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINTRAUB-CEBALLOS , CLAIR 444 BRICKELL AVE STE 650 MIAMI FL 33131	☐ Delete E	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAIRE 2301 F	PRESIDENT WEINTRAUB CEL PONCE DE LEON BU GABLES, FL. 331	BALLOS VD.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRE JAME 2801 F CORAC	TARY S L. WEINTRAUB CONCEDELEON BLU GABLES, FL. 331	© Change 10.,5017 & 6. 134	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with garanthese, with all officers in the empowered to

CITY-ST-ZIP