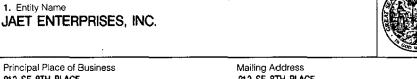
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

P98000050077 DOCUMENT #





## **FILED** May 02, 2003 8:00 am 5 Secretary of State

05-02-2003 90722 030 \*\*\*150.00

					WE IF						
Principal Place of Business 912 SE 8TH PLACE CAPE CORAL FL 33990			Mailing Address 912 SE 8TH PLACE CAPE CORAL FL 33990					.ş ··			
2. Principal P	Place of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State		4.	4. FEI Number 65-0855003			Applied For Not Applicable		
Zip	ip Country		Zip	try	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7.	Name and Address of New Regis	ered Agent			
					Name						
ARGUINZO 912 SE 87	ONI, FRANC TH PLACE	INE .	Street Address			ss (P.O.	(P.O. Box Number is Not Acceptable)				
	RAL FL 3399	90			<u> </u>						
					City			FL Zip Code			
	named entity ions of registe		r the purpose of changing its	register	ed office or regis	stered a	agent, or both, in the State of Florida.	l am familiar	with, a	and accept	
SIGNATURE Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State	4 .		91 A.	9. Election Campaign Financia Trust Fund Contribution.	ng Karl⊟rooy	\$5.0( Added	May Be to Fees	
10.	OFFICERS AND	. 1	11.				O AND DIDEC	TORS	INI 11		
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NAME	ARGUINZO	NI. JOE	L. Delete	NAM					anye	Addition	
	912 SE 8TI				ET ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL 33990				-ST-ZIP			,	٠.		
TITLE	VPST		☐ Delete	TITL	 :			☐ Ch	ange	Addition	
NAME	ARGUINZO	NI, FRANCINE		NAM	E			_		_	
STREET ADDRESS	912 SE 8TI			STRE	ET ADDRESS						
CITY-ST-ZIP	CAPE COR	AL FL 33990		CITY	-ST-ZIP						
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o Ibarakiia											

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: X