2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054133

1. Entity Name

IGLESIAS HOLDINGS LIMITED INC



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90144 032 ***150.00

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IGLESIA	S HOLDINGS LIVITED, INC	, .									
Principal Place of Business 1501 PALM AVENUE HIALEAH FL 33010		1501	Mailing Address 1501 PALM AVENUE HIALEAH FL 33010								
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2. Principal	I Place of Business	3. Ma	ailing Address			\neg	1 / CB// EB/				# 11400 HH 1601
Suite, Ap	ot. #, etc.	Sui	Suite, Apt. #, etc.				□снес	K HERE IE N	MAKING	CHANGE	9
City & Sta	ate	City	City & State			4.	CHECK HERE IF MAKING CHANGES 4. FEI Number CE 0040745 Applied For				
Zip	Country	7:-					65-08	48745		_	ot Applicable
				Country			5. Certificate of Status Desired S8.				dditional red
	6. Name and Address of Currer	nt Register	ed Agent		Manage	7.	Name and Address of	f New Regi:			
IGLESIAS	S, RAFAEL				Name		•				
	W. 87TH PLACE				Street Addre	ess (P.O.	Box Number is Not Ac	ceptable)			
MIAMI FL	. 33018			İ							
				f	City					Zip Co	de
8. The abov	ve named entity submits this statement	for the purp	oose of changing its	registere	d office or reg	istered a	gent, or both, in the Sta	ite of Florida	FL . I am fa		
ule obliga	ations of registered agent.										•
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if and	olicable. (NOTE	- Registered	Agent signature rec	autrad when	- coinstation				<u> </u>
F	FILE-NOW!!!-FEE-IS-\$150.00-		(101)	- riegistateu	- Agent signature ret	quired when	reinstating)	<u>.</u>	DATE		
Afte Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State					9. Election Camp Trust Fund Cor		ing 🗀	\$5. 0 Adde	00 May Be d to Fees
Afte Make Chec 10.	k Payable to Florida Department of OFFICERS AND	of State	RS	11.		AI	Trust Fund Co	ntribution.		Adde	d to Fees
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12. 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 of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the corporation of the corpora

SIGNATURE

PEOURED

Daytime Phone #