## 2001 UNIFORM BUSINESS REPORT (UBR) CLIMENT # POROCOS6420

Tax filing requirement and elects to do so. (See criteria or back)   Make Check Payable to Department of State   Trust Fund Contribution.   Addition   Add	I. Entity Nam	18	# P980000	30420				Sec	oo, 2 creta 06-2001 9	ry o	f St		L
AMAIR PL 33183  AMAIR PL 33183  AMAIR PL 33183  A Molling Address S  Sute, Apr. 4, etc.  City & State  City & State  City & State  Country	Principal Place	e of Busines:	S	Mailing Address									
Suite, Apt. #, sec.    Suite, Apt. #, sec.   Suite   Apt. # etc.   Do NOT WRITE IN THIS SPACE					ج	ر د مدد اسم. دا د مدد				S1273971	PT 25.45	2.00	
Suite, Apt. #, etc.    City & State   City & City & State   City & City & State   City & City & State   City &	12 00100	•							· - · · · · · · · · · · · · · · · · · ·		U~O*		
Suite, Apt. #, etc.    City & State   City & City & State   City & City & State   City & City & State   City &	D. C. C. L. D.			L A Mailine A delega									
City & State  Country  Country  S. Conflicate of Status Desired  State Address of Current Registered Agent  ROA, SANDRA 7428 S.W. 117TH AVENUE MIAMI FL 33183  City  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  City  FL  Zip Code  City	z. Principal Pi	lace of Brisis	less	Suite, Apt. #, etc.				I FORFIER THE LINE FRUIT BRICK					
Country   Zip   Country   Zip   Country   S. Certilicate of Statis Despired   S.A. Associated   S.A.	Suite, Apt.	#, etc.						DO NOT WRITE IN THIS SPACE					
Some and Address of Current Registered Agent   Some and Address of Current Registered Agent   Some and Address of New Registered Agent   Status Desired   Some Registered Agent   Status Desired Agent   Status Desired   Some Registered Agent   Status Address of New Registered Agent   Status Desired Agent   Status Desired Agent   Status Address of New Registered Agent   Status Desired Agent   Status Des	City & State	е					<b>4.</b> F	03 0033474					
ROA, SANDRA 7428 SW. 117TH AVENUE MIAMI FL 33183  City FL Zip Code  Gray FL Zip Code  City FL Site of Fiorida.  Signature of unique and executed agent, or both, in the State of Fiorida.  City FL Replaced expent, or both, in the State of Fiorida.  City FL Rep	Zip		Country	Zip	Cour	Country		Certificate of Status	Desired		3.75 Add	itional	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current I	Registered Agent			7. N	lame and Address	of New Reg				
TAZE S.W. 117TH AVENUE MIAMI FL 33183    City   FL   Zip Code						Name	Name						
City	7428	S.W. 117T			·	Street Addr	ess (P.O. B	ox Number is Not A	cceptable)				
SIGNATURE    Signature, head or prises name of registered agent and tide flacification. (NOTE Registered Agent signature required when re-instanting)   Part	IVIIAIY	MI FE 33 16.	•			City				FL	Zip Code	)	
SIGNATURE    Signature, typed or printed rame of registered agent and total Applicables   (NOTE Registered Agent signature required when rehelating)   DATE	R. The above	named entit	v submits this statement for	r the purpose of changing i	ts register	ed office or red	nistered ag	ent, or both, in the S	State of Floric				
9. This corporation is eligible to satisfy its Intangible Tax Hilling requirement and elects to do so. [See criteria on back]   See the MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   See the May 1, 2001 Fee wi			,		Ü	·							
Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   Common	SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NC	TE: Registere	ed Agent signature re	equired when re	instating)		DATE			
THE MAME NAME NAME NAME NAME NAME NAME NAME	<u> </u>			After MAY 1, 2001 Fee will be \$550.00									
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME S	11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGE	S TO OFFICE	RS AND D	IRECTORS		ے
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME S	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROA, SAI 7428 SW	117TH AVE	☐ Delete	NAM * STRI	AE EET ADDRESS					] Change	☐ Addition	-034 (10/00
STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CIT	TITLE	MIN-MAIL LE	33103	☐ Delete			•				Change	Addition	CR2
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Table  13.   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	NAME			☐ Delete						L	_ change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  13.   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	STREET ADDRESS												
NAME STREET ADDRESS 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	TITLE			☐ Delete	_						Change	Addition	
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13. Thereby 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	STREET ADDRESS CITY-ST-ZIP												
	13. I hereby o	I certify that th	e information supplied with	this filing does not qualify	for the exe	emption stated	in Section	119.07(3)(i), Florida	Statutes. I fu	irther certify	that the ir	nformation	

changed, or on an attachment with an address with all other like empowered.

SIGNATURE: