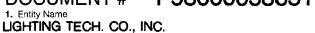
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P98000058651 **DOCUMENT #**





## Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90177 010 \*\*\*\*

Principal Place of Business 12950 SW 89 AVENUE MIAMI FL 33176				Mailing Address 12950 SW 89 AVENUE MIAMI FL 33176							
2. Principal Place of Business				3. Mailing Address				: 1905 3807   10 50 60 10    60    10    10	01 01101 10110 <b>8</b> 5101 1	64106 1101 1 <b>00</b> 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4.	FEI Number <b>65-0847103</b>	<b>⊢</b>	oplied For ot Applicable	
Zip	·				Coun	5. Certificate of Status Desire		Certificate of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent						Name	7.	Name and Address of New Registere	d Agent	···	
MAZA, ALFREDO						Name					
•	89 AVENU	F		Street Addres			ess (P.O. E	s (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176									<u></u>		
						City Zip Code					
									<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Alfredo Maza alhidoMara 4-22-03											
		or printed name of registered ager	at and title it app	licable. (NOTE	: Registere	d Ag <b>ti</b> nt signature re	equired when r	reinstating) DATI			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.	\$5.0 Added	May Be to Fees	
<u> </u>						· <del></del>	ΔΓ	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S INI 11	
	PD	. OF TOLKIS AND	DINECTO.	☐ Deleté	11.			DETICINO/CITANGES TO CITICETICA	Change	Addition	
NAME	ALFREDO,				NAM	E				_	
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NAME STREET ADDRESS	1				NAME	ET ADDRESS				Ì	
CITY-ST-ZIP						-ST-ZIP					
12. I hereby o	ertify that the	information supplied wit	h this filing	does not qualify for	the ever	mntion stated i	in Section	119 07(3)(i) Florida Statutes I further of	ertify that the in	oformation	

indicated on this réport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: