2001 UNIFORM BUSINESS REPORT (UBR)							FILED Jun 14, 2001 8:00 am				
DOCUMENT # P98000061646							Secretary of State				
*		DNAL CARGO, IN	<b>c</b> .		21	261	06-14	-2001 9000	6 009 **	*150.00	
		KETING, IN	_		0	***					
					$(\frac{1}{\sqrt{N}})$	Щ					
Principal Place	of Business		Mailing Address				OUUITIUE				
			742 E 10TH ST HIALEAH FL 33010					, ,			
2. Principal Pla		CIVE EAST	3. Mailing Address 38 OKOMO DRIVE EAST			ST					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		FLORIDA	City & State  HOLLY WOOD,	FL	ORIDA	4	1. FEI Number6	5 <del>-084926</del> 5	383		plied For t Applicabl
Zip 3302		Country BROWARD	Zip 33021	l l	Country BNOEVARD		5. Certificate of Stat	us Desired	\$8.75 Additional Fee Required		
	6. Name and	Address of Current	Registered Agent			7	. Name and Addre	ss of New Reg	istered Aç	jent. ,	~
CHECA, MARIA					Name 	EPNE	STO HU	ERTAS			
742 E			Street Ad	ldress (P.C	). Box Number is No	t Acceptable)					
	AH FL 33010			Ì	39	DKOM	O DRIVE	EAST			
•			-			Ly WOOD FL Zip Code 33021					
8. The above r	named entity su	bmits this statement for	the purpose of changing its	registere				e State of Florid	da.		<del></del>
a		Brown to the	mle a						y-30 ·	. 01	
SIGNATURE	Signature, types	eted riame of registered agent a	nd title if applicable. (NOTE	E: Registered	Agent signatur	re required who	en reinstating)		DATE		
9. This corpora	FILE NOW!	FILE NOW!!! FEE IS \$150.00			·	ampaign Finan		\$5.0	<b>0</b> May Be		
(See criteria	•		After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Sta				Trust Fun	d Contribution.		Added	to Fees
11.		OFFICERS AND I	DIRECTORS	12.	_		ADDITIONS/CHAN	GES TO OFFIC	ERS AND [	DIRECTORS	3 IN 11
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	CHAPLE, MAI 742 E 10TH :			NAME STREE	T ADDRESS	38 0	FOMO DRII	K EAST			
	HIALEAH FL				ST~ZIP		ywood, FL				
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	CHECA, MAR			NAME		£50UI	BEL, MARI	AC			
· · · · · · · · · · · · · · · · · · ·	4555 N.W. 99 MIAMI FL 33	STREET ADDR			38 OFOMO DRIVE EAST HOLLYWOOD, FL 3302						
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Sitt - St- Zir				GILL L	O P A TIL						

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 an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY-ST-ZIP

4-30-01

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition