2001 UNIFORM BUSINESS REPORT (UBR)

## Application of Studeness Secretary OF STATE Make LAKES Ft. 20016 Secretary OF STATE MALARY-SSSEE FLORIDA Secretary OF STATE MALARY-SSSEE MALARY-	1. Entity Nan	ne	# P980000	70210						FILE	•	
SCONTINES STORMAND DESCRIPTION TO TRANCE MANN LANES R. 30016 2. Principal Place of Bluxness Surfa, Apr. 4, 460. City & State City & State Country Co									01 JAN	22 F	1 4:41	4
Sulto-Apt I. #. aloc City & State City & State City & State City & State Country Zo Country Zo Country So. Count	8360 NORTHWI	TERRACE		H.					•			
City & State Ci	2. Principal F	Place of Busin	ness	3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired Services	Suite, Apt. #, etc. — Suite, Apt. #, etc. —					 .			DO NOT WRITE	IN THIS S	SPACE -	
See To Additional Property See To Additional Pro	City & Stat	te		City & State			4. ⊨	El Number	65-0857675		⊢	
Sheet Address of New Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES R. 33134 City City FL Zip Cods 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. SIGNATURE Subman, Made in priced layer and the Paper Lake Inc. Programment of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 10. This corporation is eligible to Salety is findingible. After May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State (Size critists on back) After May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL PO Change Chins Corporation is Ching in Change Addition NAME	Zip		Country	Zìp	Cour	ntry	5. C	Certificate of	Status Desired		\$8.75 Add	ditional
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 City FL Zip Codo City FL Zip Codo City FL Zip Codo 8. The above named critity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Symmetry those or prince home or repostroy agent and life if systematic for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symmetry those or prince home or repostroy agent and life if systematic for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symmetry those or prince home or repostroy agent and life if systematic for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symmetry those or prince home or repostroy agent and life if systematic for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Symmetry those or prince home or repostroy agent and life if systematic for the purpose of changing its registered agent. ODITION 11		6. Name	and Address of Current R	legistered Agent		Name	7. N	lame and Ad	dress of New Re		•	
CORAL GABLES FL 33134 City FL Zip Code			VENHE				ess (P.O. B	ox Number i	s Not Acceptable)		w-	
B. 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. SIGNATURE 9. This corporation is eligible to satisfy its intangible of Added to Sco. 1.												
SIGNATURE Signature, typed or portlad name of inglistered agent and tile if applicable. OxOTE Registered Agent signature recurred when rentalising) DxTE						City		<u>.</u>		FL	Zip Cod	e
9. This corporation is elligible to Salasiv its infringible Tax filing requirement and elects to do so. After MAY 1, 201 Fee will be \$550.00 Make Check Payable to Department of State 1.	8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or regi	istered age	ent, or both,	in the State of Flori	da.	<u> </u>	
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE PD Detel TITE NAME Change Addition NAME ROIG, LAZARO SIRET ADDRESS SIRET	SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	id Agent signature red	quired when rei	nstating)		DATE		<u>_</u>
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11.	9. This corpo							٠		-,		
TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP SI	Tax filing i	requirement a	and elects to do so.	After MAY 1, 20)01 Fee	will be \$550.0						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO.	OFFICERS AND D		-		ADI	DITIONS/CH	ANGES TO OFFIC	ERS AND		
MIAMI LAKES FL 33016 TITLE VSTD ROIG, NORMA 8360 NORTH-WEST 143RD TERRACE CITY-ST-ZIP MIAMI LAKES FL 33016 TITLE NAME SIRECT ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 TITLE MIAMI		ROIG, LAZ									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				CE								
SIREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	TITLE	VSTD		☐ Delete	_						☐ Change	Addition
MIAM LAKES FL 33016 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Addition ADDRESS CITY-ST-ZIP TO Change Addition ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-Z				CF				00	00036 71/31/1	180)90-	9
NAME STREET ADDRESS CITY-ST-ZIP Delete	CITY-ST-ZIP					- 1			****158			
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDR	STREET ADDRESS				STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESC CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Cha												- Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	NAME	. · .		Delete .		ı						Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. A A A ROO ROIS NOTE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ROIS STREET ADDRESS CITY-ST-ZIP CITY-ST-		_										
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 APARO ROLE STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP ROLL STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-	TITLE			☐ Delete	TITL						☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 APARO ROLE FERST 556 7620	ľ											
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 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 12 if changed, or on an attachment with an address, with all other like empowered APARO ROIS FARSO ROIS NOR NOR ROIS												
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 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 12 if changed, or on an attachment with an address, with all other like empowered. APARO ROIS FARSO SSECTION OF THE REPORT OF T	§ [☐ Delete		J					☐ Change	☐ Addition
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 to the corporation 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 the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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, I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes, I further certificated in Section 119.07(3)(ii), Florida Statutes, I further certificated i	3											
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 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 12 if Chapter 607, Florida Statutes; and that my name appears		*** D			■							
LAJAKO KOIG , NOKMA KOIG , FAX 5567620	of the cor	on this report poration or the	t or supplemental report is tr e receiver or trustee empow	tue and accurate and that n rered to execute this report In all other like empowered.	ny signat as requi	ure shall have to red by Chapter	he same le	nal offect se	if made under eat	h; that I ar	n an officer i Block 11 or	or director Block 12 if
SIGNATURE: - ayand Con Norma Rosa 1-18-01 305-996-1342		l.		Esta no	KMH K Umu	Roig		1-	- 18-01	FAX	5567 596-1	620