2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED May 29, 2002 8:00 am Secretary of State				
DOCUI					•		•		
1. Entity Name		077416 ORP.				05-13-2002 901	31 031 **	**158.75	
Principal Place of Business 1390 S DIXIE HWY STE 2102 MIAMI FL 33146		Mailing Address 1390 S DIXIE HWY STE 2102 MIAMI FL 33146				J 4			1
2. Principal Place of Business 8850 SW 170th Street Suite, Apt. #, etc.		3. Mailing Address 8850 SW 170th Street Suite, Apt. #, etc.				OT WRITE IN THIS S			i I
City & State Miami, FL		City & State Miami, FL 00157		- 4	4. FEI Number 65-0859771 Applied For Not Applicable				
Zip (33157	Country USA 6. Name and Address of Current Re		Country USA		5. Certificate of Status D	Jesired 🖳	\$8.75 Add Fee Required Agent		
HERBERT 1390 S D MIAMI FL	Name Street Address (P.O. Box Number is Not Acceptable) 8850 SW 170th Street City Miami FL Zip Code 33157								
8. The above named entity submits this statement for the purpose of changing its redistered officer or registered agent, or both, in the State of Florida. SIGNATURE Signature, hyped or printed name of registered agent and little applicable. (NOTE: Registered Agent signature required when reinstating) OATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and efects to do so. (See criteria on back) Make Check Payable to Department of State									
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, CLAUDIO M 1390 S DIXIE HWY, STE #2102 CORAL GABLES FL 33146	<u> </u>	12. TITLE	P/D/AS CLAUD 8850	ADDITIONS/CHANGES M. IO PEREZ SW 170th Stre , FL 33157		DIRECTORS Change	S IN 11	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1110 1	S WINTHROP New Parkview Palm Beach, I	Place L 33417	☐ Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for the up and accurate and that my eractic exactly this report as the property of		ted in Sectional teaching the same the same the same the same teaching teaching the same teaching teaching the same teaching teaching teaching the same teaching teac	on 119.07(3)(i), Florida s me legal effect as if mad florida Statutes; and that	Statutes, I further cer le under oath; that I a my name appears in	tify that the in am an officer n Block 11 or	of director Block 12 if	

March 12, 2002