2000 UNIFORM BUSINESS REPORT (UBR)

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Salin, Ask, etc. Salin, Ask, etc. Salin, Ask,	13700 S.W. 19 TERRACE 13700 S.W. 19 TERRACE						03-31-2000 9	90100 00	1 ***150	0.00
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named agent purpose of Florids in the State of Florids. 9. The Novilli Flee is \$180.00 10. Election Campaign Financing 10. Election Campaig	My & State				4. FEI Number 65-0870627 Applied For Not Applicab					
BAKOS, OMAR J 13700 S.W. 19 TERRACE MIAMI FL 33175 City FL Zp Code 8. The above named antity submits this statement for the purpose of changing its registated office outers discussed agent, or both, in the State of Picnics. SIGNATURE 9. The corporation is eligible to satisfy its intangible Tax filting requirement and decis to do so. After MAY 1, 2000 fee will be \$550,00 May Be \$500 May Be \$50	Zip 33/	146 Country DADE	Zíp		etry ~ -	5. (Certificate of Status Desired			
STREET ADDRESS CITY-ST-2P MAM FL 33175 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office out-egistered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fifting requirement ent of state to do so. (See criteria on back) Signature, post or more and or secretive agent and control applications and state to the secretive agent and control and agent and secretive agent and control and agent and secretive agent and s		6. Name and Address of Current R	egistered Agent		Name	7.	Name and Address of New Re	gistered Ag	ent	
8. The above named entity submits this statement for the purpose of changing its registered office out-septiating agent, or both, in the State of Florida. SIGNATURE Speaker, 1990 or profed form of increases apen and ice is applicable. 9. This corporation is eligible to satisfy its infancyble for the purpose of changing its registered office out-septiating agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its infancyble for the purpose of the state of Florida. 9. This corporation is eligible to satisfy its infancyble for the floridation of the state of Floridation of Floridation of the state of Floridation of Floridation of the state of Floridation of	13700	O S.W. 19 TERRACE		23. (* 	Street Address	ss (P.O. B	30x Number is Not Acceptable)			
SIGNATURE 9. This corporation is eligible to satisfy its intangible facility in intangible	MIAM	II FL 33175	-		City		<u></u>	FL	Zip Code	e
9. This corporation is eligible to asilety its interngible (NOTE Programmed Ages Expendent new New Health (Note Programmed and alects to do so. (See criteria on back) FILE NOW!!! FFE IS \$150.00 After MAY 1, 2000 fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Addidot of Fees (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Delde TITLE DAKOS, OMAR J SIRET ADDRESS SI	8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Flor	ida.	l	
Tax (Ning requirement and elects to do so. After MAY 1, 2000 fee will be \$550.00 Trus Fund Contribution. Added to Fees Secretaria on back) Defects on the state of the	SIGNATURE _	Signature, typed or printed name of registered agent an	d tole # applicable. (NOT	E Registere	d Agent Signature requ	nedw benic	einstating)	DATE		
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SIGNATURE OF STREET OF LEMTRED THE OF SIGNING OFFICER OR DIRECTOR Date Daysme Phone &	13. I hereby of indicated of the correlatinged,		SACE QUIF			Section he same 607, Flor	1/13/99	, 30s	26/6	nformation or director r Block 12 if