2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POROCOACOO

FILED Mar 22, 2000 8:00 am

1. Entity Nam		#	94000				Secretar 03-22-2000 90		ate
Principal Plac	e of Busines	s	Mailing Addres	Mailing Address					
1480 S.W. 52ND AVE. FT. LAUDERDALE FL 33317			1480 S.W. 52ND AVE. FT. LAUDERDALE FL 33317-5542						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt.	#, etc.		Suitė, Apt. #, etc.				DO NOT WRITE IN	N THIS SPACE	
City & State			City & State			4. F	El Number 65-0875547	├	plied For t Applicable
Zip Country		Country	Zip	ip Country		5. C	ertificate of Status Desired	\$8.75 Add	litional
	6. Name	and Address of Current F	legistered Agent		Name	7. N	ame and Address of New Regis	stered Agent	
FLORES, CANDIDO 1480 S.W. 52ND AVE.					Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33317								FL Zip Code	e
SIGNATURE	Signature, typed	or printed name of registered agent artible to satisfy its Intangible and elects to do so.	id title if applicable		ered Agent signature re E IS \$150.00 e will be \$550.	equired when rei	nstating) 10. Election Campaign Financ Trust Fund Contribution.	DATE \$5.0	0 May Be I to Fees
11a 🐪 🛺	r	OFFICERS AND D	DIRECTORS	12	Σ.	ADI	DITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1480 S.W	CANDIDO /. 52ND AVE. DERDALE FL 33317		N/ ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT. DAGE	ENDALL IC GOOT		N/	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				N,	TLE AME IREET ADDRESS TY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. A. C. W.		Delete Ti	TLE AME IREET ADDRESS TY-SI-ZIP			☐ Change	☐ Addition
TITLE					TLE			☐ Change	Addition

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

ANDIDO FLORES 3/19/00
DIRECTOR Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR