## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000096414

1. Entity Name



**FILED** Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90195 022 \*\*\*158.75

AMERILAWYER 33 ALMERIA AVENUE CORAL GARLES FL 33143  AMERILAWYER 343 ALMERIA AVENUE CORAL GARLES FL 33143  City Coral Courtery Type Courtery T	CUBE HOUSE INCORPORATED											
Suite Apt #, etc.	116 GAVILAN A	VENUE	3	116 GAVILAN AVENUE CORAL GABLES FL 33143								
City & State    City & State   City & City & State	2. Principal Pl	lace of Busin	ess	3. Mailing Address							<b>.</b> [[]]]	
City & State   City & State   City & State   St-Certification of \$5-CeRT-8848     Not Applicable   Not Applicable   Se. Confliction of States Desired   Se. T. Name and Address of Gurrent Registered Agent   Not Applicable   Se. Registered Agent   Not Applicable   See Registered Agent   See Registered Agent   Not Applicable   See Registered Agent   See Registered Ag	Suite, Apt.	#, etc.		Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING	CHANGES	!
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 31344  City CORAL GABLES FL Zip Code Short Number is Not Acceptable)  6. The above nemed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature, May 2 2009 Fee will be \$550.00 After May 1, 2009 Fee will be \$550.00 After May 2, 2009	City & State	9		City & State					4. FI	65-0875848	<del></del>	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134  City CORAL GABLES FL 20 Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent.  SIGNATURE  SIGNAT	Zip Country			Zip Cour			ntry <b>5.</b> (					
AMERILAWYER  343 ALMERIA AVENUE  CORAL GABLES FL 33134  C ty CORAL CAP BLES FL Zip Code The obligations of registered agent.  SIGNATURE  SUBJECT ON THE STATE STAT		6 Name	and Address of Current	Register	ed Agent		T		7. N	lame and Address of New Registered A	ent	
AMERILAWYER  CORAL GABLES FL 33134  City CORAL Cr A BLES FL 7/19 Code  City Coral Cr A	b. Name and Address of Current negistered Agent						Name On ACC ARET					
343 ALMERIA AVENUE  CORAL GABLES FL 33134  City CORAL GABLES FL Zip Codes the objective of the purpose of changing its registered edition or registered agent, or both, in the State of Florida. I am samiliar with, and accept the obligations of registered agent.  SIGNATURE Systems their or preference agent and use it privates agent and use it privates.  FILE NOWI!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridate Department of State  11. PSTD  MACUEZ, LIONEL M  116 GAVILAN AVENUE  CORAL GABLES FL 33143  TITLE  MANE  STREET AUDRESS  COTY-ST-2P  TOTAL  THE NAME  STREET AUDRESS  COTY-ST-2P  CORAL GABLES, FL 33143  COTY-ST-2P  CORAL GABLES  COTY-ST-2P  CORA	ALACDII AWVER						MARQUEZ WARGARET					
B. The above named entity submits this statement for the purpose of changing its registered either or registered agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  Superfixe. New 5 pring name of superfixed agent.  SIGNATURE  SUPERfixe.  SU			F				Street Address (P.U. Box Number is Not Acceptage)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SignATURE     Supplies   Su												
B. The above named entity submits this statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE			4				'C.	ORF	٠ <u>ــــــــــــــــــــــــــــــــــــ</u>	(THBES	33	143_
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I turner 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #