2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

DOCUMENT # P98000097237 1. Entity Name						Secretary of State 05-22-2001 90632 042 ***150.00					
Principal Plac	OOF CORP. ce of Business ENCIA AVENUE	Mailing Address 75 VALENCIA	AVI	•		4.14.45°°°°°					
	GABLES, FL 33134		S, I	FL 33134							
2. Principal Place of Business SEE ABOVE		3. Mailing Address SEE ABOVE									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	fe .	City & State				Number -1025980	· • · · · ·	_	Applied f	$\overline{}$	
Zip	Country	Zíp	Co	Country		ertificate of Status Desired			ditional	\neg	
	6. Name and Address of Current	Registered Agent		Name	7. Na	me and Address of New Register				〓	
CARLOC	1/T				/BO E	Pov Number is Not Assentable)					
	VILLANUEVA ENCIA AVENUE, 47	TH FLOOR		Street Address (P.O. Box Number is Not Acceptable)						\dashv	
CORAL GABLES, FL 33134				City	₽ Zip Code			nde	_		
9 The shows	named entity submits this statemer	at for the surpose of changing	a ito roa	<u> </u>	oolator		L				
Tax filing re	rration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	After MAY 1, 200 Make Check Payab	01 Fee	will be \$550.00		10. Election Campaign Financing Trust Fund Contribution.			00 May ld to Fees	s	
11.	OFFICERS AND	<u>-</u>	12.		ADDITI	ONS/CHANGES TO OFFICERS AN	<u> </u>			3	
TITLE NAME STREET ADORESS CITY - ST - ZIP	MOCCHETTI, STEL 75 VALENCIA AVE CORAL GABLES, F	NUE, 4TH FL.						Change	∐ A	ddition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CITARA, CARLOS 75 VALENCIA AVE CORAL GABLES, F			I	•			Change	A.	ddition	
TITLE NAME STREET ADORESS CITY - ST - ZIP	S VILLANUEVA, CAR 75 VALENCIA AVE CORAL GABLES, F	LOS NUE, 4TH FL.	- 1	L	•	.,		Change	Ac	dition	
TITLE NAME STREET ADORESS CITY - ST - ZIP		Delete		I				Change	Ad	ddition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete		l l				Change	Ac	ddition	
TITLE NAME STREET ADORESS CITY • ST • ZIP		Delete						Change	Ac	dition	
informátion officer or di	rtify that the information supplied with indicated on this report or supplem irector of the corporation or the rece or Block 12 it changed, or on en att	ental report is true and accu- iver or trustee empowered to achment with an address, wi	rate and execute th all oth	that my signature this report as re	e shall equired ed.	have the same legal effect as if mad by Chapter 607, Florida Statutes, ar	de und nd that	er oath; my nar	that I ar ne appe	ars	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #