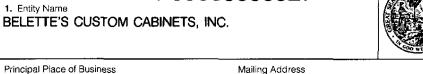
## **FILED** Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90301 046 \*\*\*150.00

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

DOCUMENT #

P99000003327



Principal Place of Business 16214 S.W. 302ND STREET HOMESTEAD FL 33033

16214 S.W. 302ND STREET HOMESTEAD FL 33033

2. Principal Place of Business -3: Mailing:Address						-				
250 NW 12ST. Suite, Apt. #, etc.			Suite, Apt. #, etc.				ON HEDE IE MAN	ING CHANCES	<u>.</u>	
#6			#6				CHECK HERE IF MAKING CHANGES			
City & Sta <i>FLOri</i> d	a Cil	y FL	City & State Florida	City	F4	4. FEI Number 65-(	)888970 	<b>⊢—</b>	ot Applicable	
3303	4	E U	33034	Country $oldsymbol{arepsilon}$	U	5. Certificate of Statu	s Desired	\$8.75 Ad Fee Require		
	6. Name	and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent					
					Name					
BELETTE, SENEN					Street Address (P.O. Box Number is Not Acceptable)					
16214 SW	/ 302 ST				( ) O   SO   No   No   No   No   No   No   No   N					
HOMESTE	AD FL 3303	33								
				Cit	City FL Zip Code					
			<del>,</del>		·					
	e named entity tions of regist		for the purpose of changing it	ts registered offi	ce or registere	d agent, or both, in the	State of Florida. 1 a	am familiar with,	and accept	
the obliga	tions of regist	ered agent.								
SIGNATURE	8:	or printed name of registered age								
	Signature, typed	or printed name of registered age	nt and title if applicable. (NC	TE: Registered Agent	signature required w	hen reinstating)	DA1	Έ		
		!_FEE IS \$150.00 -		جپہ ہے۔	يىپ	• • • • • • • • • • • • • • • • • • •	mpaign Financing	·- \$5.0	00 May Be -	
		3 Fee will be \$550.00					Contribution.		d to Fees	
	K Payable to	Florida Department								
10.	In ·	OFFICERS AN		11.	<del></del>	ADDITIONS/CHANG	ES TO OFFICERS A			
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VIII-91-71	1			CITY-ST-ZIP	i					

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment

SIGNATURE:

Daytime Phone #