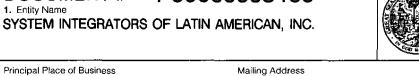
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P9900003460



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91446 021 \*\*\*150.00

Principal Plac 9777 NW 29TI MIAMI FL 331		Mailing Address 9777 NW 29TH TERRACE MIAMI FL 33172					I MARIPAR IJA TANDI KUN DANG AAN BAN		PS MUM BORE	<b>n</b> iii
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City	& State			4.	4. FEI Number 65-0483480 Applied For Not Applied			
Zip	Country Zip		Country		5.	5. Certificate of Status Desired Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
HELIODORO, PALACIOS					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
400 SW 107TH AVENUE #404 MIAMI FL 33-1741										
MIMMILE	30-1741								Γ=	
					City			FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
<del>j.</del>	ILE NOW!!! FEE IS \$150.00	·. ]								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financin     Trust Fund Contribution.	g 🗆		May Be to Fees
10.	OFFICERS AND	DIRECTOR	RS	11.		ı Al	DDITIONS/CHANGES TO OFFICERS	S AND E	RECTOR	S IN 11
TITLE	P		☐ Delete	TITLE				ſ	Change	Addition
	POLANCO, YVETTE			NAME						
STREET ADDRESS CITY-ST-ZIP	9777 NW 29TH TERRACE MIAMI FL 33172				ET ADORESS • ST-ZIP					
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NAME	POLANCO, YVETTE		L Delete	NAM	ŀ				Change	Addition
	9777 NW 29TH TERRACE			STRE	ET ADDRESS					
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STREET ADDRESS				STREE	T ADDRESS					]
CITY-ST-ZIP			·	CITY-	ST-ZIP					
12. I hereby o	ertify that the information supplied with	this filing o	does not qualify for t	the exer	nption state	ed in Section	119.07(3)(i), Florida Statutes. I furthe	er certify	that the ir	nformation

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.

**SIGNATURE:** 

Date

Daytime Phone #