2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000004419				R)	FILED Feb 13, 2001 8:00 an		
1. Entity Na		V19 ·	 ✓		Secreta	ry of State 90097 025 ***158.75	
Principal Pla	ce of Business	Mailing Address	····				
7525 W. 20TH AVENUE HIALEAH FL 33014		7525 W. 20TH AVENUE HIALEAH FL 33014			61416		
2. Principal I	Place of Business	3. Mailing Address	125 STEE	FT			
Suite, Apt	. #, etc.	Suite, Apt. #, etc. # 103	<u>· 60 0/20</u>	٠٠,	DO NOT WRITE IN	THIS SPACE	
City & State		City & State MIAMI, FL.		1	4. FEI Number 65-0884201	Applied For Not Applicable	
Zip	Country	33161	U.S.A.	!	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
<u></u>	6. Name and Address of Current	Registered Agent	Name ,		7. Name and Address of New Regis	lered Agent	
BARGMAN, JORGE 1280 S. ALHAMBRA CIRCLE, APT. #2119 CORAL GABLES FL 33146			Street Address (P.B. Box Number is Not Acceptable) ONE 125 STREET				
				11te #	103		
D. The above			City	liani		FL 3361	
a. The above	named eptity submits this statement for	the purpose of changing i	ts registered office o	or registered	agent, or both, in the State of Florida.	11	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agent signa	fure required who	en reinstating)) (5/0) pate	
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so.		VIII FEE IS \$150. 1001 Fee will be \$ able to Departmen	550.00	10. Election Campaign Financin Trust Fund Contribution.		
11.	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFICER		
NAME STREET ADDRESS	D Bargman, Jorge 5640 Collins ave apt 2D	Delete	name Street address	DO DA	IDENT/TREASURER LD KIRSCHBERG N.W. 174 AVENUE	Change Maddition	
CITY-ST-ZIP	MIAMI BEACH FL 33140-2436	·	CITY-ST-ZIP		broke Pines, FL. 2	3029	
TITLE NAME STREET ADDRESS	D Laird, donald e 1172 s dixie hwy., #446	☐ Defete	TITLE NAME STREET ADDRESS			Change Addition	
CITY-ST-ZIP	MIAMI FL 33146		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		/	Change Addition	
CITY-ST-ZIP		- Delete	CITY-ST-ZIP TITLE	-	A -	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME Street adoress City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u> -		☐ Change ☐ Addition	
13. I hereby condicated of the corporanged,	ertify that the information supplied with II on this report or supplemental report is to poration or the receiver or rustee emprous or on an attachment with an address with the contract of t	his with does not qualify for us and acculate and that it gredity execute this report in ay other like empowered	r the exemption stat my signature shalf h as required by Cha	ed in Section ave the same pter 607, Flo	orida Statules; and that my name appe	er certify that the information hat I am an officer or director hars in Block 11 or Block 12 if	