

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90006 008 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000013457**

00057226



DO NOT WRITE IN THIS SPACE

1. Entity Name <b>919, INC.</b>			
Principal Place of Business 1172 S DIXIE HWY 436 CORAL GABLES FL 33146 US		Mailing Address 1172 S DIXIE HWY 436 CORAL GABLES FL 33146 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number <b>NOT APPLICABLE</b> <i>650893876</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NUNEZ, ALEJANDRO P.A.</b> 1807 PONCE DE LEON BLVD. SUITE 101 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name <b>NUNEZ, ALEJANDRO P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 GIRALDA AVENUE</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>	
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.			
SIGNATURE <i>Alejandro Nunez</i>		DATE <i>5/26/01</i>	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$350.00 MASS CHECK Payable to Department of State		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>WAN, SUELAN</b> <b>1172 S DIXIE HWY 436</b> <b>CORAL GABLES FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>WAN, SUELAN</b> <b>1172 S. DIXIE HWY #436</b> <b>CORAL GABLES, FL 33146</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sue Lan Wan</i>		DATE: <i>5/16/01</i>	

CR2004 (10/00)

