<i>_2</i> <20	OO UN ORM BU	SINESS REPO	RT	(UBR)	- ر	5/4/ <u>0</u> Tun 05	FILED , 2000 8	2•00 am
1. Entity Na	W = 9900	0022985			1			
					-		tary of	
PARSE	AV, INC.	<				05-04-20	000 90125 015 *	***150.00
<u>/</u>		ta 10 Addense			┥			
Principal Place of Business Mailing Address					1			
14549 S.W. 97 MIAMI FL 3318	TH STREET	14549 S.W. 97TH STREET MIAMI FL 33186-6926						
· .	,				1			anc New and
2. Principal P	Place of Business	3. Mailing Address			-			
					_}	i jadijagai ila iania kuloj asiji daki da)) 49)10 ()850 ()80) 61)81 ()	
Suite, Apt.	#, etc.	Suite, Apr. #, etc.			}	DO NOT WRITE	IN THIS SPACE	
City & State	e	City & State			4. 1	El Number		plied For
·						65-09126	58.75 Add	t Applicable
Zip	Country	Zip	Coun	uy	5. 0	Certificate of Status Desired	Fee Require	
	6. Name and Address of Curr	ent Registered Agent		None	7. 1	Name and Address of New Reg	istered Agent	
				Name				
MONTOYA, ILDEBRANDO"14549 S.W. 97TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
	/II FL 33186							
				City			FL Zip Cod	€
9. The shows	named entity submits this statemer	at for the purpose of changing its	registers	ed office or regist	ered an	ent or both in the State of Florid		
o. The above	riamed entity submits this statemen	It for title bathose or criminaria its	16813told	ac once or region	oroc ug		_	{
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E- Registere	d Agent signatura requi	red when re	enstating)	DATE	
Tax filling requirement and elects to do so. After M			IOW!!! FEE IS \$150.00 1, 2000 Fee will be \$550.00 Payable to Department of Str			10. Election Campaign Finan Trust Fund Contribution.		May Be to Fees
11.	OFFICERS A	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE		S IN 11
TITLE	DP	Delete	TITLS NAM				☐ Change	CR2E034
NAME STREET ADDRESS	MONTOYA, HILDERBRANDO 14549 S.W. 97TH STREET	•		ET ADDRESS				934
CITY-ST-ZIP	MIAMI FL 33188		_}	-ST-ZIP				
TITLE NAME	DS:	Delete	TITU. Nam	-			Change	☐ Addition / C
STREET ADDRESS	MONTOYA, HILDERBRANDO 14549 S.W. 97TH STREET	d D•		ET ADORESS		1		
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CITY-ST-ZIP				-ST-ZIP	<u> </u>			Addition
NAME							Change	[_] Addition
STREET ADDRESS	·		STRE	EET ADDRESS	•			}
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TITLE NAME		☐ Delete	TITLE	1			C1 Granda	
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STREET ADDRESS			1	ET ADORESS				
CITY-ST-ZIP	<u> </u>	***		-ST-ZIP	0	140 07(0)(i) Fledd - 0: · ·	Inting mouth, that the - 1-	plormatics
13. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental report poration or the receiver or trustee e or on an attachment with an autore	with this filing does not qualify to or is true and accurate and that i mpowered to execute this report ss, with all other like empowered	r the exe my signa as requi	imption stated in ture shall have th red by Chapter 6	07, Flori	da Statutes; and that my name a	ppears in Block 11 or	or director Block 12 if
SIGNAT	URE:	OR PROTED MAKE OF SIGNING OFFICER	OR DIREC	M TOR		04-28- C	Dayume Phone #	