2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # P99 0		ili (OBI	Apr 27, 2000 08:00 AM Secretary of State
Principal Place 16405 SW 73R	ce of Business D LANE	Mailing Address		
MIAMI 33193	FL	MIAMI 33193	FL	
2. Principal F 16405 SW 73R	Place of Business D LANE	3. Mailing Address P.O. BOX 833325		
Suite, Apt.	#, etc.	Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat MIAMI	ie FL	City & State : : : : : : : : : : : : : : : : : : :	FL	4. FEI Number Applied For Not Applicable
Zip 33193	Country US	Zip 33283	Country US	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
SUITE 209 MIAMI	7TH AVENUE	FL		dress (P.O. Box Number is Not Acceptable)
33173	•		City	FL Zip Code
8. The above	named entity submits this statemer	nt for the nurnose of changing its r	MIAMI	egistered agent, or both, in the State of Florida.
	PAUL A. CONT Signature, typed or printed name of registered a praction is eligible to satisfy its Intang requirement and elects to do so.	ible FILE NOW!	Registered Agent signature I FEE IS \$150.00 10 Fee will be \$55	10. Election Campaign Financing \$5.00 May Be
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11.	1	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FARINAS BRENDA 16405 SW 73RD LANE MIAMI	☐ Delete FL 33193	NAME STREET ADDRESS	ST FARINAS BRENDA G 16405 SW 73RD LANE MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD FARINAS BRENDA 16405 SW 73RD LANE MIAMI	☐ Delete G FL 33193	NAME STREET ADDRESS	PVD Change Addition FARINAS BRENDA G 16405 SW 73RD LANE MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	T TLE NAME STPEET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME SYREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental repo	ort is true and accurate and that my mpowered to execute this report a	v sionature shall hav	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if