2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000041186 DOCUMENT

1. Entity Name

BISCOITO AND ASSOCIATES, INC.



FILED Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90914 035 ***150.00

| NAME DISCUTIO, UNITED NAME NAME OF STREET ADDRESS S | | | | | | | OLD WE TH | | | | | | |
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| Suite, Apt. 4, etc. City & State Country Country Country Country S. Certificate of Status Dissised Applied For No. Applicable Por Requirement Por Require | 9620 S.W. 118 PLACE | | | 9620 | 9620 S.W. 118 PLACE | | | | | | | | |
| City & State City & State City & State City & State A. FEI Number 65-0928519 No. Applicable No. Certificate of Status Desired State No. Number | 2. Principal P | lace of Busine | 3. Mai | 3. Mailing Address | | | | | | | | | |
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| Country | City & State | e | | City | City & State | | | 4. 1 | 65-1028510 | | | | 7 |
| Name | Zip | Country | | | Zip Cou | | try | 5. Certificate of Status E | | | | | 1 |
| Name | | 6. Name | and Address of (| Current Registers | legistered Agent | | | | | | | | 1 |
| Size Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo City FL Signand agent, or both, in the State of Florida. I am familiar with, and sociept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the obligation in the State of Florida. I am familiar with, and sociept in the State of Florida. I am familiar with, and sociept in the State of Florida. I am familiar with, and sociept in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am familiar with, and society in the State of Florida. I am f | • | | | | | | Name | | | | | | 1 |
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| MIAMI FL 33186 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fooda. I am familiar with, and accept the collegations of registered agent. SIGNATURE Suppose | • | | | | Street Address | | | ss (P.O. B | (P.O. Box Number is Not Acceptable) | | | | |
| S. The above named entity submits this statement for the purpose of changing its registered office or registered search, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent agent. Signarular | | | | | | | | | | | | | 1 |
| R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Symbol Sym | Miami Fl | 33186 | | | | | | | | | | | 1 |
| SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D SISCOTTO, DANIEL STREET ADDRESS CITY-ST-2P TITLE MAME SISCOTTO, MICHELE B820 S.W. 118 PLACE MIAMI FL 33186 TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST- | | | | | | | | | | ' | | | |
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| After May 1, 2003 Fee will be \$550,00 May Be Added to Florida Department of State 10. | SIGNATURE. | Signature, typed o | r printed name of registe | ered agent and title if app | olicable. (NOTE | E; Registere | d Agent signature req | uired when re | ainstating) | DATE | | | |
| After May 1, 2003 Fee will be \$550,00 May Be Added to Florida Department of State 10. | | | | 00 | | | | | | | | | 1 |
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| | 12. I hereby o | ertify that the | information supp | lied with this filing | does not qualify for | the exe | mption stated in | Section | 119.07(3)(i), Florida Statutes. I fui | rther certify | that the i | nformation | 1 |

indicated on this report or supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied many 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.

Were KEQUIRED