## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2003 8:00 am Secretary of State

U	NIFORM BUSINESS REPORT	(UBR)			05-07-200	<b>3</b> 90138 0-	47 ***	150.00
DOCUI 1. Entity Name	MENT # P 99 0000 46 80 3	3						
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					4 <u>2</u>			
	DO NOT WRITE IN THIS SP	ACE			1			
2. Principal Pl	ace of Bronoss A iN BLEAU 3. Mailing Address			•				
Suite, Apt.	#, et/ 2/3 Suite, Apt. #, etc	-		~ -	DO-NOT,WR	ITE.IN,THIS S	PACE _	the state of the s
City & State			4.	El Number	1-5-09	6673	<del>-</del>	Applied For
Zip T	Country 72 Zip	Country	5, 1	Certificate o	of Status Desired			Not Applicable Additional
	3317)				ddress of Curren		ee Req Agent	ired
		Name						
	DO NOT WRITE	Street A	ddress (P.O. 8	3ox Numbe	r is Not Acceptab	le)		
	IN THIS SPACE							
		City			·····	FL	Zip C	eboo
	named entity submits this statement for the purpose of changing its re ons of registered agent.	egistered office of	r registered ag	ent, or both	n, in the State of F	lorida. I am fa	miliar wi	th, and accept
មេ ០០មជីជប	igns on registered agent.			,				
SIGNATURE_	Signature, typed or printed name of registered agers and this if applicable. (NOTE:	Registered Agent signat	n nertw baniupen ens	einstating) ;		DATE		
tan 😂 e e a yan	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of State			1	ction Cempaign Fi st Fund Contributi			5.00 May Be ided to Fees
10.	OFFICERS AND DIRECTORS							
TITLE NAME	Duig, MARICRUZL.	TITLE				,		2002
STREET ADDRESS	Ave. Il Borra Dor, Residencel,	STREET ADDRESS			•		_	CDOENAR (12/07)
City-St-ZIP	EL PARQUE, TORNEA, VENERIALA	CITY-SI-ZIP				· ·		
NAME:	GONTALEZ, DAISYL. 8377 NW. 56 St VILLING FL 33166.	NAME						G
STREET ADDRESS CITY-ST-ZIP	83 00 KM 38 166.	STREET ADDRESS						
TITLE	CARROLDA VICTOR M	TITLE:		- 1			<del></del>	
NAME STREET ADDRESS	CABRENA, VICTOR M. 1885 WEST Flacter St WINNIFE 33135	NAME STREET ADDRESS			~ AI_~=	LA/FSIT		
CHY-ST-ZIP	MINNI FC 33135.	CITY-ST-ZIP		יט	TON C	MKI		
TITLE NAME		TITLE NAME		IN	THIS	SPAC	E	
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CITY-ST-ZIP		CITY-ST-ZIP*						
NAME		NAME			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
TITLE		mie :		· · ·				and the same of th
NAME STREET ADDRESS		NAME STREET ADDRESS		-				
CITY-ST-ZIP		CITY+ST-ZIP						
12. Thereby of indicated	pertify that the information supplied with this filing does not qualify for the on this report or supplemental report is true and accurate and that my poration or the receiver or trustee empowered to execute this report of with an address, with all other like empowered.	he exemption sta r signature shall has required by O	ited in Section have the same Chapter 607 Fl	119.07(3)(i legal effect orida Statut	), Florida Statules t as if made unde es: and that my r	i. I further cert r oath; that I a name annears	ly that the off in Block	ne information icer or director k 10 or on an
attachrne	nt with an address, with all other life empowered.				11/20	/12	•	

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name	MENT # DINO INC.	P99000	)&46803				<b>▶</b> )		
Principal Place	e of Business		Mailing Address	<u>,</u>			8011505	つ	
1794 N.W. 82N MIAMI FL 3312	ND AVENUE		8322 N.W. 56 ST MIAMI FL 33166			4	OUINUL	<b>5</b>	
8322		6 St.	3. Mailing Address						
Suite, Apt.	#, etc.	الني <b>س</b> ته ناجش <del>ت</del> جت	Suite, Apt. #, etc.	· -			DO NOT WRITE IT I	THIS SPACE	ا
City & State	in. FL		City & State	<u> </u>		4. FEI Nu	65-0966753		Applied F
331	Cour		Zìp	Count	itry	5. Certific	ate of Status Desired	\$8.75	Additional
100		ddress of Current Re	gistered Agent			7. Name a	and Address of New Registe		Quireu
CONTAILE	- 0410V I		<del></del>		Name				
	z, daisy l Intainbleau blv 33172	י מ			Street Add	dress (P.O. Box Nui	mber is hiot Acceptabyly		
				1	1				
SIGNATURE _		its this statement for the				egistered agent, or	both, in the State of Fronda,	FL Zip	Code
9. This corpo Tax filing of (See criter)		name of registered agent and satisfy its Intangible cts to do so.	FILE NOV After May 1, 2 Make Check Pay	VIII FEE	ed office or re	o required when reinstalling	both, in the State of Fiorida,  Election Campaign Financing Trust Fund Contribution.	DATE.	5.60 May
9. This corpo	Signature, typed or printed or pr	name of registered agent and	FILE NOV After May 1, 2 Make Check Pay	OTE Registered VIII FEE	ed office or re	o required when reinstalling	both, in the State of Florida,	DATE.	5.G0 May dded to Fed TORS IN 11
9. This corpo Tax filing o (See criter	Signature, typed or printed or printed or printed or printed to strength or printed to strength or printed or	name of registered agent and satisfy its Intangible cts to do so.  OFFICERS AND DII  Z L.  RESIDENCIA, ELF	FILE NOV After May 1, 2 Make Check Pay	VIII FEE 2002 Fee able to De	ed office or re	o required when reinstalling	both, in the State of Fiorida,  Election Campaign Financing Trust Fund Contribution.	DATE:	5.G0 May dded to Fed TORS IN 11
9. This corpo Tax filing o (See criter 11. TITLE NAME STREET ADDRESS	Signature, typed or printed or attion is eligible to s requirement and electria on back)  SD PUIG, MARICRU, AVLIBERTADOR, TORRE A, VENE TD GONZALEZ, DAN 8322 N.W. 56 ST	name of registered agent and satisfy its Intangible cts to do so.  OFFICERS AND DII  Z L.  I, RESIDENCIA, ELF  ZU  SY L	FILE NOV After May 1, 2 Make Check Pay	VIII FEE 2002 Fee able to De 12. TITLE NAME STREE NAME STREE	ed office or re ad Agent signature (\$\forall \text{5150.00} \) will be \$\forall \text{55} \) EPERTATION ESS  EET ADDRESS  -ST-ZIP  E	o required when reinstalling	both, in the State of Fiorida,  Election Campaign Financing Trust Fund Contribution.	DATE:	5.60 May dded to Fee TORS IN 11
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