

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91114 016 \*\*\*150.00

1. Entity Name **P99000051134 ✓**  
**Obolmcepto, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>10076 NW 51st</b>		3. Mailing Address <b>10076 NW 51st</b>	
Suite, Apt. #, etc. <b>na</b>		Suite, Apt. #, etc. <b>na</b>	
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	Zip <b>33178</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-6929536</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>		
7. Name and Address of Current Registered Agent		
Name <b>Amey Godey</b>		
Street Address (P.O. Box Number is not acceptable) <b>480 NW 85th PL #1</b>		
City <b>Miami</b>	FL	Zip Code <b>33172</b>

**DO NOT WRITE  
IN THIS SPACE**

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 **na**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>May Garcia-Clissent</b> <b>10076 NW 51st</b> <b>Miami, FL 33178</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-President</b> <b>Amey Godey</b> <b>480 NW 85th PL #1</b> <b>Miami, FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **May Garcia-Clissent** **May-Garcia Clissent** **04-30-02** **(305) 477-2544**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED034B (12/01)