## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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## FILED Mar 24, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DVP RICHARD, ECHEVARRIA STREET, SUITE 602 MIAMI FL 33131  CITY-ST-ZIP TITLE DS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	1. Entity Nam	8	00060095		03-10-2003	3 90141 006 ***	<b>'</b> 150.00
Suite, part of Suite	200 S.E. FIRS Suite 602 Miami FL 331	ST STREET	200 S.E. FIRST STREET SUITE 602 MIAMI FL 33130				
City Court   Section   City Court   Co	Ce 710	2 Man 21000	6710 MG	in Street			
County   C	#	<u></u>	#234	1	A 55131 ask		policed For
S. Christian and Address of Current Registered Agent   California   Section   California   Calif	City & State	<u>ໍພໍບີ</u>	City State Cur	<u>~`</u>	4. FEI Number 65-1043965	No	ot Applicable
GERARDO, VILLAFANE 498 PINE RIDOG-CO WESTON FL 38391  a. The above named flag in a brug insplantation for the purpose of changing its registation of office or registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of instruction of the State of Forida. I am familiar with, and accept the obligation of the State of Forida and accept the obligation of the State of Forida and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and accept the obligation of the State of Forida. I am familiar with, and	Zip 4	7 Country 3014	Zip PZ	33014	5. Certificate of Status Desired		
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SIGNATURE    SIGNATURE   SIGNA		/ M M / M	<u> </u>		-tm	FL Zn33	<u>33   </u>
SIGNATURE    SIGNATURE   SIGNA	a. The above	named entity authorits his statement for	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida	a. I am Iamiliar with,	and accept
FILE NOW!!! FEEL \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	•	K YIIIWW W					
After May 1, 2003 Fee with be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signor typed or printed name of registered agent	and title it applicable. (NOT	E: Registered Agent signature requir	ed when reinstating)	DATE ,	
TITLE NAME COMPARIAL, FERNANDO SIRRET ADDRESS CITY-ST-2P  TITLE NAME CONSESTRET, SUITE 602  TITLE NAME SIRRET ADDRESS CITY-ST-2P  TITLE DS VILLAFANE, GERARDO SIRRET ADDRESS CITY-ST-2P  TITLE NAME SIRRET ADDRESS CITY-ST-2P	After	May 1, 2003 Fee will be \$550.00	l State		Trust Fund Contribution.	Addec	to Fees
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Change   Addition	TITLE			<del></del>			
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12. Thereby certify that the information surbilish with high didds 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 each state 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 of trusteel 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 eddings, with all other like empowered.

SIGNATURE:

SIGWARUNEVALOUIRED

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