

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000065661

1. Entity Name

FILED

01 JUN -6 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15902 SW 91 COURT
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

15902 SW 91 COURT

MIAMI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33157

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status-Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCIA REBELLO
15902 SW 91 COURT
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MARCIA REBELLO
Pres/DIR
15902 SW 91 CT
MIAMI, FL 33157

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600004215876
-05/14/01--01132--017
****150.00 ****150.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MARCIA REBELLO
15902 SW 91 CT
MIAMI, FL 33157

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600004215876
-05/14/01--01132--017
****150.00 ****150.00

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TITLE NAME
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)