

May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 036 ***150.00

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From : MANUEL FERNANDEZ  PHONE NO. : 954 925 5692

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072511

1. Firm Name
HIS BUSINESS NAME



Principal Place of Business
2005 ADAMS ST
HOLLYWOOD FL 33019

MAILING ADDRESS
2005 ADAMS ST
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

BUS. ACT. #. 000

STATE, APT. #, ETC.

CITY & STATE

CITY & STATE

FIRM

COUNTRY

5. Name and Address of Current Registered Agent

FERNANDEZ, MANUEL
2005 ADAMS ST
HOLLYWOOD FL 33019

Name

Street Address (P.O. Box Number) Not Applicable

City

FL

Zip Code

Check here if having change in

4. FEIN Number

65-0002490

Not Applicable

6. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of His Registered Agent

NAME

STREET ADDRESS (P.O. Box Number) Not Applicable

CITY

FL

ZIP CODE

8. The above named entity certifies this statement: for the purpose of changing its registered agent or mailing address or both, in the state of Florida, I am familiar with the regulations of registered agent.

SIGNATURE:

FILE NOVIL PAGE 0100.00 FILE PAGE
1 OF 1 AND MAY 1, 2003 PAYMENT MADE ON THIS FORM
TAXES DUE MAY 15, 2003 BY THE DUE DATE OF THIS FORM

9. Election Campaign Committee \$8.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

AUGUSTO/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

15. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

16. I hereby certify that the information supplied with this filing does not conflict with the exemption stated in Section 119.07(1)(b), Florida Statute. I further certify that the information indicated on this report is true and complete and that my signature that have the same legal effect as a "I AGREE UNDER OATH" has been placed under each item on this document. I further certify that no part of the preparation or the review or the filing compensated to prepare this report as required by Chapter ECO, Florida Statute, and that my name appears in block letters on this document, or on an adjacent with a witness, with all other the information.

SIGNATURE:

NAME AND TYPE OR PRINTED NAME OF SIGNER OR ENDORSE

DATE

Signature