FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2003 8:00 am Secretary of State

DOCUMENT # P99000080043					04-14-2003 90210 043 ***150.00	
1. Entity Name	vi	a x + + =	٠. ,	<i>Y</i> .		
			- 1/	-11		
L. CUESTA PRODUC	È INC.	1900	· //	, ,		
N OO	OT WRITE	IN THIS	SPA	CF		
2. Principal Place of	Business	3. Mailing Addres	<u> </u>			
1241 NW 21ST STR	1241 NW 21ST STREET		. ex			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	- ja	City & State			4. FEI Number	Applied For
MIAMI, FL		MIAMI, FL.			65-0946739	Not Applicable
Zip	Country	Zip	Co	ountry '	5. Certificate of Status Desired	\$8.75 Additional
33142	Jus 🚆	33142	US			Fee Required
		, and an application of the state of the sta			ne and Address of Current Regist	ered Agent
		and owns is a material of a		Name		
DO NOT WRITE				LEANDRO CUESTA Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				8822 SW 42ND TERR.		Addic)
r disease e e da se la deve de su supere [1]. Esperante de la desenvación de la companya de la c	и ппээг	AUE				
and the comment of the contract of the contrac	janja esperaj konsuntra propinski sila. Subaran sumaj rijakon konsuntra kanal					7-0-4
		Reference of the second of the Re Reference of the second of the second		City MIAMI	· FL	Zip Code 33165
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
January 1 - May 1 Fee is \$150.00						
	ay 1, Fee is \$550.00 ded UBR is \$61.25				-9. Election Campaign Financing Trust Fund Contribution.	Added to Fees
Make Check Payable		ent of State			Trust Fulla Contribution,	Added to 1 ees
10.	OFFICERS A	ND DIRECTORS	11.			
TITLE 1	DP		\$25,000 to \$100 to \$10	rle:		
NAME STREET ADDRESS	LEANDRO CUESTA 8822 SW 42ND TEI		E91886am 44	ME REET ADDRES		
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NAME:			BEREE Concess	ME		
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CITY-ST-ZIP	·			TY-ST-ZIP		
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CITY-ST-ZIP	- <u> </u>	·	 Idd I idd I idd I idd I idd 	TY-ST-ZIP		
12. I hereby certify that t			qualify for	the exemption sta	ated in Section 119.07(3)(i), Florida Statut	
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						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR