2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000087321 **DOCUMENT#**

1. Entity Name

SIGNATURE:

JULIO V. ARANGO, ATTORNEY AT LAW, P.A.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90093 006 ***150.00

305-446-8185

Principal Place of Business 814 PONCE DE LEON BLVD SUITE 506 CORAL GABLES FL 33134		Mailing Address 814 PONCE DE LEON BLVD SUITE 506 CORAL GABLES FL 33134			1 1 1 1 1 1 1 1 1 1]	2014. oojol (o)il (ooj	(1	(1 101)
2. Principal Place of Business Rd Ave Suite, April etc.		3. Mailing Address 18015-W. 3rd Ave Suite Apr. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			Flon	(34	4. FEI Numbe	4. FEI Number 65-0398567		Applied For Not Applicable	
zip 33129	Country	YIIIAMI,	Country		5. Certificate of Status Desired			- \$8.75 Additional	
	me and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent				
ARANGO, JULIO V 814 PONCE DE LE COMAL GABLES FI	ON BLVD., SUITE 506		Street Agings P. S. Box Number is Mot Aging More .						
,	1.1		(Dity M	A mi		FL Zig	3393	y
8. The above named entity outplits this systement 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After May 1, 2 Make Check Payable	PIII FEE IS \$150.00 2003 Fee will be \$550.00 to Florida Department of	· · ·	· · · · · · · · · · · · · · · · · · ·		Trus	otion Campaign Finar at Fund Contribution.		\$5.00 Ma Added to Fe	ees
TITLE D	\ OFFICERS AND D	Delete	11.	<u> </u>	ADDITIONS/O	CHANGES TO OFFICE	ERS AND DIREC		1 Addition 8
NAME ARANGO STREET ADDRESS 814 POI	O, JULIO V NCE DE LEON BLVD., SUIT QABLES FL 33134	. / -	NAME STREET AI CITY-ST-	,	1801 S.W.	3 AVE, 6	Floor		Addition
ITTLE MAME STREET ADDRESS CITY-ST-ZIP	,	C Delete	TITLE NAME STREET AS	i i		•	☐ Cha	ange 🗀 /	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP	and the second s	□ Delete	TITLE NAME STREET AU CITY-ST-		·· • • • • • • • • • • • • • • • • • •	· e	☐ Cha	inge 🗆 A	Addition
TITLE IAME STREET ADDRESS OTY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-				☐ Cha	inge 🗖 F	Addition
ITLE IAME TREET ADDRESS : ITY-ST-ZIP		☐ Delete	TITLE NAME STREET AE CITY-ST-2				☐ Cha	inge 🔲 /	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Cha	inge 🗆 A	Addition
of the corporation or	the information supplied with the ort or supplemental report is to the receiver or trustee or now ttachment with an address.	nis filing does not qualify for rue and accurate and that m ered to execute this report a matricular like empowered.	the exempti y signature is required l	on stated in Se shall have the s by Chapter 607	ction 119.07(3)(i) same legal effect , Florida Statutes	, Florida Statutes. I fu as if made under oat and that my name a	irther certify that h; that I am an of ppears in Block	the informa ificer or dire 10 or Block	ation ector (11 if

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