2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S30779 **DOCUMENT #**



FILED Apr 30, 2003 8:00 am Secretary of State

	04-30-2003 90075 040 ***158.75
Principal Place of Business 6427 SARANAC CIRCLE DAVIE FL 33331 US Mailing Address 6427 SARANAC CIRCLE DAVIOE FL 33331 US	
Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
City & State City & State	4. FEI Number 65-0240031 Applied For Not Applicable
Zip Country Zip Country	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
	ame
RONES, VICTOR K. 16105 NE 18 AVE	reet Address (P.O. Box Number is Not Acceptable)
N MIAMI BEACH FL 33162	
, Ci	y FL Zip Code
 The above named entity submits this statement for the purpose of changing its registered off the obligations of registered agent. 	fice or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen	t signature required when reinstating) DATE
FILE NOW!!! FEE IS \$150.00	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SECURISE REQUERED J. Shedd signature and typed or printed name of signing officer or director

4/28/03

954.434.5370

Daytime Phone #