## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 27, 2002 8:00 am Secretary of State

1. Entity Nan	MENT # \$3377 S. ENGINEERES		os, In	1C.		-2002 90066	019 ***150.00	,
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1025 S.E. 5 th STREET 1025 S.E. 5 STREET					825432			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	ALEAN, FlORIDA	City & State HIB/EAN	Flori	DA	4. FEI Number 65 - 023	58683	Applied For Not Applicable	
Zip <b>33</b> 6	710 Country DADE	<sup>Zip</sup> 33010	Country DAD a	=	5. Certificate of Status Desire		.75 Additional Required	
المستعدد	Mary and the same of the same	THE STREET STATE SALE OF THE SALE OF	3.25		. Name and Address of Curr	ent Registered Ag	ent	
			Name	1/-	LEZ MICHI	GET A		İ
DO NOT WRITE				treet Address (P.O. Box Number is Not Acceptable)				
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		80	City		/ . /		7in Codo	
			City	H	IALEAH	FL	Zip Code 33010	ı
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered office or	registere	d agent, or both, in the State of	Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and	Hitle i applicable. (NOTE:	Registered Agent signal	ure required w	hen reinstatina)	DATE	<u> </u>	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - Ma After May 1 Amended	y 1 Fee is \$150 I, Fee is \$550.00 UBR is \$61.25	).00 <sup>a</sup>	10. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees	
	ia on back)	Make Check Payabl	e to Departmen	t of State			/	
11.	OFFICERS AND DI	RECTORS				e a l	4	_
TITLE NAME	PD VELEZ, Michael, 1025 S.E. 58TH	A.	TITLE NAME			e e e		20.2
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STREET ADDRESS			STREET ADDRESS -					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like suppowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 (305)887-9526