2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

V54902

1. Entity Name

CERTIFIED, INC.



Mar 17, 2003 8:00 am \$ Secretary of State 03-17-2003 90095 011 ***150.00

FILED

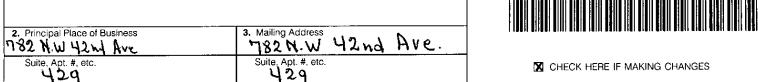
Principal Place of Business 782 N.W. 42ND AVE. #200

MIAMI FL 33126

Mailing Address

782 N.W. 42ND AVE. #200

MIAMI FL 33126



429 City & State

4. FEI Number

65-0454109

Applied For

Not Applicable

Hiam

City & State

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

JURNEY, KENT C. 11390 SW 94TH AVE **MIAMI FL 33176**

Street Address (P.O. Box Number is Not Acceptable)

City

Name

Zip Code

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.

11.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10.

TITLE	P	☐ Delete	TITLE			Change	Addition
NAME	JURNEY-CARABALLO, MARTHA		NAME				
STREET ADDRESS	11390 SW 94TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP				:
TITLE	VST	☐ Delete	TITLE			Change	☐ Addition ☐
NAME	CARABALLO, CARMEN JULIA		NAME				}
STREET ADDRESS	12021 SW 93 STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

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☐ Defete

☐ Delete

TITLE NAME

CITY-ST-ZIP

☐ Change STREET ADDRESS

12. 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 10 or Block 11 if

SIGNATURE

Change

Change

☐ Addition

Addition

☐ Addition