2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
03-29-2002 90830 040 ***150.00

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DOCUMENT # **P93000042668**

1. Entity Name
ABOVE CORPORATION

Principal Place of Business	Mailing Address
12814 S.W. 119 TERRACE MIAMI FL 33186	~~12814 S.W. 119 TERRACE~~ ~~MIAMI FL 33186~~ P.O. Box 16-3926 MIAMI, FL 33116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 16-3926
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI FL
Zip / Country	Zip 33116 / Country USA

4. FEI Number 65-0417454 ☐ Applied For ☐ Not Applicable

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
AVILES, ANA 12814 S.W. 119 TERRACE MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AVILES, ANA 12814 SW 119 TERR MIAMI FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAUL TENORIO 12814 SW 119 terrace MIAMI, FL 33186 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAUL TENORIO 12814 SW 119 terrace MIAMI, FL 33186. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ MARCH 19/2002 (305)380-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #