

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90135 043 ***150.00

0281386 AV

DOCUMENT # P96000062290

1. Entity Name
S17TPA, CORP.



Principal Place of Business
**5101 NW 79 AVE
MIAMI FL 33166**

Mailing Address
**5101 NW 79 AVE
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **47-0879696**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONVECCHIO, ALAIN M
5101 N.W. 79TH AVENUE
MIAMI FL 33166**

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. I am familiar with, and accept the obligations of registered agent.

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

**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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **BONVECCHIO, ALAIN M**
STREET ADDRESS **5101 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **BONVECCHIO C., ALAIN**
STREET ADDRESS **5101 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** Delete
NAME **BONVECCHIO C., ADOLFO H**
STREET ADDRESS **5101 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **BONVECCHIO C., ARIANNE B**
STREET ADDRESS **5101 N.W. 79TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE

Alain M Bonvecchio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

786-285-0712

Daytime Phone #

CR2E034 (10/02)