2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A31953										. /	ř
CARBI & MAISON, LTD.								FILE)	/	
Principal Place of Business Mailing Addre				ing Address	ddress			MAY -4 P	H 12: 1	7	
809 N. DIXIE HIGHWAY WEST PALM BEACH FL 33401			809 N. DIXIE HIGHWAY West Palm Beach Fl 33401			St	CRETARY OF	STATE			
								LLAHASSEE E			iau iari
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			Cir	City & State			4. FEI Number			Applie	
Zip Country			Zij	p	Cour	ntry	65-0286787 5. Certificate of Status Desired 58.75			\$8.75 Additio	pplicable inal
6. Name and Address of Current Registere				red Agent	<u> </u>		7. Name and	Address of New Reg		ee Required	
						Name					
M & W AGENTS, INC.						Street Address	eet Address (P.O. Box Number is Not Acceptable)				
2101 CORPORATE BLVD., SUITE 107 BOCA RATON FL 33431							<u> </u>	<u>·</u>			
BOCA RATON FE 33431						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. Capital Contributions as Shown on record. \$1,000.00				10. Amount of Capital Contributions			00.60	11. MAKE CHECK SEE REVERSE		TO DEPT. OF ST	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY											
DOCUMENT #	OXFORD MAISON CORP. 809 N. DIXIE HIGHWAY				STRI	EET ADORESS			1	-	
STREET ADDRESS						-ST-ZIP			i		
DOCUMENT #	S72541	BEACH FL 33401	-		CTD	EET ADDRESS					
NAME STREET ADDRESS	CARBI DESIG	GN, INC. HIGHWAY			Į.	ļ			1		 -
CITY+ST-ZIP		BEACH FL 33401				'-ST-ZIP	40	000043 -06/01/	1371 11-11	054-00	<u>-9</u>
NAME STREET ADDRESS		~		•	STRI	EET ADDRESS	<u> </u>	****14		****141	
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DOCUMENT #					STRI	EET ADDRESS			. .		
STREET ADDRESS					CITY	-ST-ZiP					
	certify that the in on this report is	nformation supplied with true and accurate and	this filin	ng does not qualify for	r the exe	mption stated in select as if	Section 119.07(3)(i), Florida Statutes. I fi	urther cert	ify that the infor	rmation

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

WYOUNDS I'VE BOSSER MAISON

04/25/61

(561)8354550

Daytime Phone #