200 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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ETPICIPAL PRIMARY Business Some, Apt II. Applied For South April 1998 South South Ap	11030 N. KENDALL DRIVE T1030 N. KENDALL DRIVE SUITE 100			<u> </u>		SEC: TALL	VETÁÑÝ AHASSE	OF STATE E, FLORID
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Name Age	33 <i>92</i>	8 USA	33928	05A.	·	-	\$8.75 Ad Fee Require	ditional
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. April April	11030 N. P SUITE 100	ABRIEL CENDALL DRIVE		LON	ei Am Fr	YERS	Agent	
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 familian with, and accept the obligations of registering agent. Coll	MIAMI, FL	* 331/6		City	04/1-2-		Zijo Coji	de C . D
SIGNATURE Signard Speed of printed more of engineers applified tide I application. (NOTE: Registered Appres appearse required min invasives) DATE	8. The above	named entity submits this statement fo	r the purpose of changing its re	<u> </u>			<u>ب بي </u>	, and accept
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State	_	Sordand	fers L and title if applicable. (NOTE: R	ORIAM / egistered Agent signature requ	AyEns wedwhen reinstating)	/2- DATE	13-0	4_
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE 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 617, 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: **STREET ADDRESS CITY-ST-ZIP **#61.25 ****** ***** **** **** **** **** ****	TITLE		☐ Delete	TITLE D	Sohn			Addition
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