FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 17, 2002 8:00 am Secretary of State

1. Entity Name					07-17-2002 90125 008 ***150.00		
Md	A Southeast.	INC.		-			
	DO NOT WRITE	IN THIS SP	ACE				
2. Principal P	ace of Business CASHE HILL WAY	3. Mailing Address	807				
23 CAS+12 HILL WAY 7.0 Box 807 Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	RT Horida	Stand Flored	la .	4.	FEI Number 65 - 1060289	Applied For Not Applicabl	le
3 199	Country	² 3 499 <	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	7
				7. Name and Address of Current Registered Agent			
			Name				
DO NOT WRITE Street Addi				ess (P.O. E	Box Number is Not Acceptable)		┪
- ,	IN THIS SP	ACE		·		•	4
	IN THIS SE	ACL					
			City		FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	edistered office or rec	ristered an	rent, or both, in the State of Florida		\dashv
		and purpose or orienging as re	gasara amaa amaa	,	Jan , 6, 22 0, 11, 11, 2020 6, 1, 2012		
SIGNATURE _							
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: F	Registered Agent signature re	equired when n	einstating) DATE		╛
Tax filing requirement and elects to do so. After May 1 Amended			1 Fee is \$150.00 Fee is \$550.00 IBR is \$61.25 to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS					Ι.
TITLE	PRESIDENT HA		TITLE				3
NAME STREET ADDRESS	MARIA ZOTA	or atti	NAME STREET ADDRESS				
CITY-ST-ZIP	23 CASHIF HILL WA	y stures in	CITY-ST-ZIP				
TITLE	Director	• 5149	TITLE				7
NAME:	DAVIEL ZOTHA		NAME				15
STREET ADDRESS	23 constlettill w	M StrAttel	STREET ADDRESS				
CITY-ST-ZIP	- S south title m	31/1021	CITY-ST-ZIP				_
TITLE		9417A	TITLE				

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY+ST-ZIP TITLE

CITY - ST - ZIP

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

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1/5/02 772 223 96 59

DO NOT WRITE

IN THIS SPACE

Attachment # P00000109254 121643

Ashley Hill Distributors

July 7,2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir/Madam:

I am writing to your office about why my UBA Report and monies are late. Upon visiting my accountant last week she asked me if I had filed my state corporate report. I told her I did not receive any correspondence from the state. I did however file last year on time without any problems. I have enclosed a check for the proper filing amount. I am asking the state for forgiveness in this matter as I have never received a mailing. This is my second year in business and cannot afford a penalty payment. If needed, my home telephone number is 772 223-9659.

Thank you for your kind attention to this very important matter

Sincerely,

Daniel Zotta

Vice President