FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

1. Entity Name	MENT# POID im Parking S	05-08-2002 90151 004 ***150.00			
2. Principal Pla	Ce of Business	3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE	
City & State	Country	City & State	Country	4. FEI Number 01 - 055 135	The state of the s
阿斯斯斯斯				5. Certificate of Status Desired	\$8.75 Additional Fee Required
			7. Name and Address of Current Registered Agent Name		
	DONG PAVANTEE			P.O. Box Number is Not Acceptable)	
	ENTERNIES.			(r.o. box Notfiber is Not Acceptable)	
			City		Zip Code
8. The above na	imed entity submits this statement	for the purpose of changing	its registered office or register	red agent, or both, in the State of Florida.	
SIGNATURE	nature, typad or primad nama of registered age		KOTE. Registered Agent signature required		
lax liting req (See criteria d		de Uliman		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AN	D DIRECTORS	A4600972482		
NAME STREET ADDRESS CITY- ST ZIP	Same				
NAVE STREET ADDRESS CITY-SY-ZIP					
TITLE NAME			And the second s		
STREET ADDRESS CITY-ST-ZIP		•	Reiter		
TITLE Naive Street address					
CITY-ST-ZIP	·				
TITLE == { NAME STREET ADDRESS CITY-ST. ZIF					
ITLE IANE ITREFT ADDRESS ITV-ST-ZIP					
	that the information supplied with	this filing does not qualify fo	the exemption stated in Section	on 119 07(2)(i) Storate Const	

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 attachment with an address, with all other like empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(561)391-1262

Daytime Phone #

XZEU34B (12/01)