2001	UNIFORM	BUSIN	ESS REPO	RT	(UBR))	F May 21,	ILE 200		00 am
	80000				Secreta					
1. Entity Nerr	RICAN PROI	UCI EX	Porters, n	re,	•		05-21-2001	90376 04	44 ***150	.00
Principal Place of Business Malling Address						\dashv				
9960	NW SLN									
MIA	mi, FL 3	3172				V	Do	0559	56	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	9	City & State				1	65-0810	282		pplied For ot Applicable
Zip Country		. 2	Zip Coun		try	,	5. Certificate of Status Desired		\$8.75 Ad	ditional
	6. Name and Address				Name		. Name and Address of New	Registered	Agent	
MICHAEL G. SCHNEIDER						oon (D.C	. Box Number is Not Acceptable	~\	·	
9960 NW 5LN					Street Addit	928 (F.C	. Box Number is Not Acceptable	∌) 		
MILA	M1, FZ	33172	3172		City			FL	Zip Cod	9
8. The above	named entity submits this s	statement for the p	rpose of changing its	egistere	d office or reg	istered	agent, or both, in the State of Fl	orida.	<u>- L</u>	
SIGNATURE _	Signature, typed or printed name of n	gistered agent and title if	applicable. (NOTE:	Registered	Agent signature rec	quired wite	n reinstating)	5-/6	5-01	
	ration is eligible to satisfy it equirement and elects to do a on back)		FILE NOW!! After MAY 1, 200 Make Check Payabi	1 Fee	will be \$550.	00 🔆	Election Campaign Fit Trust Fund Contribution			0 May Be d to Fees
11.	OFFICESIDE	CERS AND DIRECT	TORS Delete	12.			ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR Change	
NAME STREET ADDRESS	MICHAEL G	SCHNET)	DEC.	name Stree	T ADDRESS				_ creatio	Unoppy Unoppy Unoppy Unoppy (11/00)
CITY-ST-ZIP TITLE NAME	VICE PRES	DENT SCHNE	_ ☐ Delete	TITLE	ST-ZIP				☐ Change	CR2 notition
STREET ADDRESS CITY-ST-ZIP	9960 NW	SLW	72		T ADDRESS ST-ZIP					
-TITLE			- Deleta		T ADDRESS ST-ZIP		-		☐ C <u>ha</u> nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		- Joseph	☐ Delete	TITLE NAME	T ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		, /	☐ Delete	TITLE NAME	T ADDRESS		man - A - A - A - A - A - A - A - A - A -		☐ Change	Addition
13. I hereby certify that the information supplied with this filling bods 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 supplied in seport is supplied by the same legal effect as if made under oath; that I am an officer or director of the cooperation or the receipt outgrated emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment state an address, with all either like emprovered. SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OF RESCRIPTOR.										
	SIGNATURE AN	TYPED OR PRINTED N	LINE OF SIGNING OFFICER OF	DIRECTO	R		Cars	t	Sydroe Phonit #	