2001 UNIFORM BUSINÉSS REPORT (UBR) DOCUMENT # \$20671

1. Entity Name	BUCKING, INC.					S	o4-26-2001	_			
Principal Place of Business 1421 NW 70 ST AIAMI FL 33166 JS 2. Principal Place of Business		Mailing Address 8421 NW 70 ST MIAMI FL 33166 US 3. Mailing Address					. U U U	J26U4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. (111111111111111111111111111111111111	DO NOT WR	TE IN THIS SP	ACE,		
City & State		City & State			4. F	El Number	65-024063	4	Ар	plied For	
Zip Country		Zip Country		try	5. Cortificate of Status Desired			\$	\$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. N	lame and Ad	dress of New					
8421	HMATO, ROSY NW 70 ST II FL 33166			Street Addres	s (P.O. B	ox Number i	s Not Acceptab	le)			
MIM	II FE 33 100			City				7773	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing it	s register	L ed office or regis	tered ag	ent, or both,	in the State of F		<u> </u>		
SIGNATURE .	Signature, typed or printed name of registered agent a	ind fit e if applicable. (NO	TE. Registere	d Agent signature requ	ired when re	einstating)		DATE			
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St				[on Campaign F Fund Contributi	~		0 May Be	
11.	OFFICERS AND	DIRECTORS	12.		AD	I. DITIONS/CH	HANGES TO OF	FICERS AND [DIRECTORS	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, ROSY 250 E. 45 ST. HIALEAH FL	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRI	E					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TO E NAM STRI	E					☐ Change	Addition	
TRILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		[-			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition	
of the co	certify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee empired or on an attachment with an address.	strue and acsurate and that owered to execute this repo	t my signa rt as requ d.	ture shall have to ired by Chapter	he same	Jegal effect a	as if made undo	r nath: that I ar	m an afficar	r or director	

Daytime Phone #