FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nar	IMENT # F940000				Apr 10, 2 Secretar 04-10-2001 90	y of	Sta	te
Principal Place of Business 10813 NW 50 ST STE 100 MIAMI FL 33172		Mailing Address 145 AVE & HOOK CREEK BLVD VALLEY STREAM NY 11581						
							4444 44 54 9 44 3	AL 180 HAS
2. Principal Place of Business JO813 NW 30 th SE		3. Mailing Address					<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State MIAM; FL		City & State		4. FE	Number 22-2121823			plied For at Applicable
Zin	0172 Country USA	Zip C	Country	5. Ce	rtificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Na	me and Address of New Re			
		<u> </u>	Name (200				
	LEGATE, ROY		Street Address		PGAIR KOY Number is Not Acceptable)			
	3 NW 20TH STREET STE 107 🕤 🦠	وسي يحت جيدي	- 108/		VW 30"54	بسجة دجمت		: - •
MIAN	/II FL 33172		Suit	e 100	<u> </u>			
			City MIA			FL	Zip Codi	172
	e named entity submits this statement for t	 					<i>3</i> 3	172
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		ate				
11.	OFFICERS AND D		12.	ADDI	TIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD KRETSCHMER, KLAUS 145TH AVE HOOK CREEK BLVD VALLEY STREAM NY 11581	_ 55,00	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ε	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIORDAN, DENNIS 145 AVE & HOOK CREEK BLVD VALLEY STREAM NY 11581		TITLE NAME STREET ADDRESS CITY-ST-ZIP		·] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ŽIP		and the second s	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		!	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•.		C] Change	☐ Addition
13. I hereby of indicated of the correctanged,	certify that the information supplied with the on this report or supplemental report is the poration or the receiver of trusted exprower or on an attachment with an agaress, with	is filing does not qualify for the of the and accurate and that my sig- ered to execute this report as re thall other like empowered.	exemption stated in S gnature shall have the quired by Chapter 60	Section 119 e same leg 07, Florida	1.07(3)(i), Florida Statutes. I fu al effect as if made under oat Statutes; and that my name a	rther certify h; that I am ppears in B	that the int an officer of lock 11 or	formation or director Block 12 if