2002'UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State

1. Entity Nan		0101206		<u> </u>			etary (2002 90113 0			
Principal Place of Business 2324 HIALEAH ST NE PALM BAY FL 32907 US		Mailing Address 2324 HIALEAH ST NE PALM BAY FL 32907 US								
2. Principal Place of Business		3. Mailing Address				0 (11 11) 11 (1) 11 (1) 13 (1) 13 (1) 13 (1)			DANIA WIKI KOAK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	FEI Number 59-34798	 84	_	oplied For	7
Zip	Country	Zip	ry	5.	Certificate of Status Desire	, _[] \$8	3.75 Add	ditional	1	
	6. Name and Address of Current R	egistered Agent ·	-	_	7.	Name and Address of Nev				1
RATAJCZYK, ROSALIA 471 COLLEEN AV NE				Name Street A 23	ddress (P.O.	SCZYK - JADI Box Number & Not Accepte LEAH ST NE				
PALM'BA	FL 32907			City f	ALM.	BAY	FL	Zip Cod	907	
8. The above named entity submits this statement for the purpose of changing its regist SIGNATURE PATH CZYK TADNICA Signature, typed of printed name of registfield agent and little if applicable. 7. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After May 1, 2002 Fe Make Check Payable to					ure required when		3/// DATE		O May Be	
11.	OFFICERS AND D		12,	parunen		DDITIONS/CHANGES TO C	CEICEDO ANID D	DECTOR	2 (K) 11	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RATAJCZYK, ROSALIA 471 COLL'EEN AV NE PALM BAY FL 32907	Delete	TITLE NAME STREE		7A001 2334	GA RATASCZYK HEALEAN ST. NE BAY, FC 3290		Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATAJCZYK, ANTONIO W 2324 HIALEAH ST NE PALM BAY FL 32907	☐ Delete						Change	Addition	క
TITLE NAME		☐ Delete	TITLE NAME] Change	Addition	
STREET ADDRESS CITY-ST-ZIP		** *** * * *		T ADDRESS ST-ZIP			پېښو سون پول			
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TITLE NAME STREET ADDRESS CITY-S1-ZIP	•	☐ Delete	TITLE NAME STREE					Change	Addition	
13. I hereby of indicated	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empowers that the control of the receiver or trustee empowers.	ered to execute this report as	ne exen	nption stature shall h	ed in Section ave the same pter 607, Flo	119.07(3)(i), Florida Statute legal effect as if made unde rida Statutes; and that my na	s. I further certify er oath; that I am ime appears in B	that the in on officer ock 11 or	formation or director Block 12 if	