## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P04000024070

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## **FILED** Mar 20, 2003 8:00 am Secretary of State 03-06-2003 90138 009 \*\*\*150.00

1. Entity Nam		00024370			03-00-2003	90138 009	130.00	
Principal Place of Business Mailing Address 258 LOGGENHEAD DR PO 80X 727 MELBOURNE BEACH FL 32951 MELBOURNE I			7					
2. Principal Place of Business		3. Mailing Address			-	: DELIAN HADA DIOTE IDI	II 10 <b>8</b> 14 <b>00</b> 11 1 <b>98</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			_
City & State		City & State		4. FEI Number 59-3234020	ļ <u>-</u> -	Applied For Not Applicable	<u>.</u>	
Zip	Zip Country Zi		Country		5. Certificate of Status Desired	Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	red Agent		4
				Name	, and the same			
BALOCHIAN, HASHIM'S				Street Address (P.O. Box Number is Not Acceptable)				
	GENHEAD DRIVE							-
MELBOURNE BEACH FL 32951								╛
ni 1				City		FL Zip Co	de	7
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s register	ed office or register	red agent, or both, in the State of Florida.	am familiar with	, and accept	7
SIGNATURE .						MATE .		
	Signature, typed or printed name of registered agent	and tale if applicable. (NO	TE: Registere	d Agent signature required	d when reinstating)	AIE ST	<del></del>	-
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	40	i arı	* · i	Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees	
	Payable to Florida Department of		. :	-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	20 INI 11	4
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS		🗔 Addition	বি
TITLE NAME	BALOCHIAN, HASHIM	Delete ***	NAV					CR2E034 (10/02)
STREET ADDRESS	258 LOGGER HEAD DR		\$TR	ET ADDRESS				8
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		CITY	-ST-ZIP				] <u>ğ</u> i
TITLE	V	☐ Delete	TITL	- I V	_	Change	Addition	18
NAME	REYES, FRANCISCO		NAM	I "	arlos Perez			
STREET ADDRESS	PO BOX 727 N/A		•	ET ADDRESS F	0 Box 727 N/A			
CITY-ST-ZIP	MELBOURNE FL 32902		-		MEL bourDE FL. 3296	Change	☐ Addition	1
NAME	S REYES, JOSE M	☐ Delete	TITU NAM		RMANDO LUPEZ			¥-
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ITLE		☐ Delete	TITL	,		☐ Change	Addition	]
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CITY-ST-ZIP							balalista.	-
TITLE		☐ Delete	TITLE	1		☐ Change	Addition	
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CITY-ST-ZiP	ar — ar kis di yanker	. N. A. 4		ST-ZIP		•		] ;
TITLE	F 1	Delete —	TITU		JAPONONOM 1 3 H C.	□ Change	Addition	3
NAME	المائية منظمات المناس مستاسات المناس المراس المناس المائيات		- NAM	f	THE COLUMN TO THE TELEPROPERTY OF THE PARTY	i i na 182 anii 184		1
STREET ADDRESS				ET ADORESS	Tiber and Surface		, 5,71	
CITY-ST-ZIP		All Discourses of the second		-ST-ZiP	hasting 110 07(0V)). Florida Statutas I further	re mortifu that sha	information	+
i 12. I hereby c	certury that the information supplied will	n unis tiling goes not qualify fo	r me exe	mpuon stated in Se	ection 119.07(3)(i), Florida Statutes. I furthe	A CEALITY DIST THE	TOURNINGS	1

I nereby certify that the information supplied with this filling does 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 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| SILLIFICATION OF PRINTED NAME OF SIGNING OFFICER OR DRECTOR | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR | Daylore Prove #

SIGNATURE: