2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

4/2

FILED May 30, 2003 8:00 am Secretary of State

1. Entity Nan WHN SO	ne		1010	3442	/			04-28	-2003 9095	60 008 *	**150.00	
Principal Plac 1450 NORTH MIAMI FL 331	Miami aveni		Mailing Address 1450 NORTH MIAMI AVENUE MIAMI FL 33136									
2. Principal F	Place of Busi	ness	3. Mailing Address				\dashv					
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			· ·	4.	FEI Number		Applied For Not Applicable		
Zip Country			Zip Cour			ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registere	1 Agent			7.	Name and Address of Nevi	Registered A	rent		7
CORPORA	TION SERV	/ICE COMPANY	ـ ـن سدد		,	Name		·				
	S STREET	NOE COMPANT				Street Address	(P.O. E	Box Number is Not Acceptat	ole)			1
	SSEE FL 32											1
;						C:>.				T = 0 = 1		4
			_			City			FL.	Zip Cod		
the Øbligat	named entit tions of regis	y submits this statement for tered agent,	r the purpo	se of changing i	ta registere	ed office or regist	gs bere	gent, or both, in the State of I	Florida. I am fai	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent s	end title if appli	sabia. (NC	TE: Registered	d Agent signature requir	ed when n	einstating)	DATE			
After Make Check	r May 1, 20	ii FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	! State					9. Election Campaign F Trust Fund Contribut				
10. "	TD	OFFICERS AND	DIRECTOR		11.		AD	DITIONS/CHANGES TO OF] 🤝
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RAYMOND TH MIAMI AVENUE 33136		☐ Delete					Į	□ Change	Addition	CR2E034 (10/02)
TITLE NAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Delete	TITLE	1				Change	Addition	SE.
STREET ADDRESS City-St-Zip						ET ADDRESS -ST-ZIP						
TITLE FAME		To see a co	-	Delete -	ŤÍTLE NAME		7. <u>4,</u>	- چين شوه در سوي در سوي در		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	م سیحت شیست	time of the contract of the co				ET ADORESS : ST-ZIP						
TTLE (AME				Delete	. TITLE NAME				Ü	Change	Addition Addition	
TREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					спу-	ST-ZIP	_				-	1
TLE				☐ Delete	TITLE					Change	Addition]
TREET ADDRESS					NAME STREE	T ADORESS						}
CITY-ST-ZIP						ST-ZIP						
TILE			•	☐ Delete	TITLE					Change	Addition	1
NAME.					NAME							
STREET ADDRESS CITY-ST-ZIP				_		T ADDRESS ST-ZIP	•					
	netify that it -	information or anti-	hie film	200 200 200 200 200 200 200 200 200 200				110.07/20/2 51-22- 0	I for production of the second	that the	(n.m.c.*:	
indicated of the corp changed.	on this reportion or the or on an atta	t or supplemental report as e receiver or trustee empor chment with an address, ty	rue and ac vered to ex th all other	durate and that is cure to the cure in a report tike empowered	ir the exeminy signatures the signatures of the signature of the signatures of the signature of the signature of the signatures of the signature of the signatu	ription stated in S ure shall have the ed by Chapter 60	same le 7, Florid	I 19.07(3)(i), Florida Statules egal effect as if made under da Statules; and that my nam	oath; that I am e appears in B	mat the inl an officer of lock 10 or l	ormation or director Block 11 if	

SIGNATURE: