2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465349 J. B. SIDMAN & ASSOCIATES, INC.

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90333 040 ***150.00

13A 1 EERFIELD BCH FL 33442 C			Mailing Address POB 970453 113A COCONUT CREEK FL 33097							
S Bringing B	loop of Busin	2000	US Mailing Address							
2. Principal Place of Business			3. Mailing Address						01011 01011 41011	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	SPACE	
City & State		City & State			4. F	El Number 59-1676268			olied For Applicable	
Zip		Country	Zip	Cour	ntry	5. C	ertificate of Status Desired		\$8.75 Addi Fee Required	
	6. Name	and Address of Current	Registered Agent			7. N	ame and Address of New R	egistered A	Agent	
OIDM	100=	nu B			Name					
252 \$	ian, Josei Sw 12th <i>i</i> 113a	VVE PH B			Street Address (P.O. Box Number is Not Acceptable)					
		H FL 33442			City				Zip Code)
2 The above	named enti	ty enhante this statement for	r the nurnose of chan	aina its reaister	red office or regis	tered and	ent, or both, in the State of Flo			
SIGNATURE Signature, typed or printed name of registered agent and 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 \$150.0 After MAY 1, 2001 Fee will be \$5 Make Check Payable to Department		IS \$150.00 will be \$550.0	0	nstating) 10. Election Campaign Fir Trust Fund Contributio			0 May Be I to Fees
11.		OFFICERS AND	DIRECTORS	12		AD	DITIONS/CHANGES TO OFF	ICERS AN	DIRECTOR:	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	22633 C	JOSEPH B ARAVELLE CIRCLE ATON, FL 00000	☐ Dela	NA STE		1.1.2.1			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		N1011, FE 00000	□ Del	NA STI	LE ME REET ADDRESS TY-ST-ZIP	1.000			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Del	NA ST	TLE .ME REET ADDRESS TY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS	S		☐ Del	NA Sĩ	TLE AME TREET ADDRESS TY-ST-ZIP				☐ Change	Addition
CITY-ST-ZIP			□ De	lete TI	TLE				Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP	s		∴ છ	N/ S1	AME TREET ADORESS ITY-ST-ZIP					

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

JUSEPH B. SINMAN