2001 UNIFORM BUSINESS REPORT (UBR)

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Solite And your Country Countr	2. Principal Place of Business 3. Mailing Address			•
#####558 Fire Applicable Square Interest or Improvement of the Purpose of Changing its registered diffice or registered agent. Square Interest or Improvement of Square Interest or Improvement or	Suite, Apt. #, etc.	EMPAUL DR. 211	DO NOT WRITI	E IN THIS SPACE
6. Start Board Address of Current Registered Agent PAUL 5, SOULE 9595 N. NENDAUL DR. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. This above number certify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pictida. SIGNATURE Fundamental and Address of New Registered Agent City FL Zip Code 10. The Above number certify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pictida. SIGNATURE Fundamental and Address of New Registered Agent City FL Zip Code 10. The Above number certify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pictida. SIGNATURE Fundamental and Address of New Registered Agent City FL Zip Code 10. Election Campaign Financing Conf. 10. City FL Zip Code 10. Election Campaign Financing Conf. 10. City FL Zip Code 10. Election Campaign Financing Conf. 10. City FL Zip Code 10. Election Campaign Financing Conf. 10. City Florida State of Pictics and Directors in the State of Pictics Add to Pictics Add Add To Financing Conf. 10. City Florida State of Pictics Add To Financing Conf. 10. City Florida State of Pictics Add To Financing Conf. 10. City Florida State of Pictics Add To Financing Conf. 10. City Florida State Conf. 10. City Florida State	MIAMI, FC MIAMIT	FL		Not Applicable
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SUITE 211 M/AMI, FL 33176 8. The above named entity submits this statement for the purpose of changing is registered allice or registered agent, or both, in the State of Florida. SIGNATURE Spallins freed a prints rame of registroe upon the lost of Angeladae. PUTI. Registered Agent operation of angelande operation of a registrate. PUTI. Registered Agent operation of angelande operation of a registrate. PUTI. Registered Agent operation of season. INIT. OFFICERS AND INITECTORS INIT. OFFICERS AND INITECTORS INIT. OFFICERS AND INITECTORS IN THE STATE OF Added to Fees Angeladae. INIT. OFFICERS AND INITECTORS IN THE INITECTORS IN THE INITECTORS IN THE INITECTOR IN THE INI	PAUL 5, SOULE	Name		
M/A M1. FL 3 3176 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Spatial fraction princed name of registerial agent and registerial agent, or both, in the State of Florida. SIGNATURE Spatial fraction princed name of registerial agent and registerial agent, or both, in the State of Florida. SIGNATURE Spatial fraction princed name of registerial agent supervised paper supervised name registerial departs of paper supervised name registerial name registerial departs of paper supervised name registerial name registerial name registerial name registerial departs of paper supervised name registerial name registeria name registeria name registerial name registerial name registerial name registe		Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax lifting requirement and elects to do so. (See circleria on back) 9. This corporation is eligible to satisfy its intangible Tax lifting requirement and elects to do so. (See circleria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. FT. OR CHARD KERN 11 # Detent NAME 11. OFFICERS AND DIRECTORS IN 11 11. P. T. OR CHARD KERN 11 # Detent NAME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. INTERT ADDRESS 14. CHARD KERN 12 # Detent NAME 15. OR ALL SOULE Detent NAME 16. STORT ADDRESS 17. ST. JP CHARD CONTROLL OF TAX NAME 16. STORT ADDRESS 17. ST. JP CHARD CONTROLL OF TAX NAME 17. OR TAX NAME 18. TA	SUITE 211			
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Sprium (repose purhers are to the article and productions) (pottic Responsed Appendiculor required order in contacting) 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDITIONS OF THE	8. The above named entity submits this statement for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Flor	ida.
Tax thing requirement and elects to do so. Secretaria on back)		E: Registered Agent signature requi	ed when reinstating)	DATE
TILE PT D RICHARD KERHISH Delete TILE GOO SAH VICENTE ST. NAME GOO SAH VICENTE ST. GOO	Tax filing requirement and elects to do so. After MAY 3 20	01 Fee will be \$550.00	Trust Fund Contribution	
STREET ADDRESS CITY-ST-2P Change Addition		12.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 11
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 truster amplifyment as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address with all other like empowered. SIGNATURE: OG-12-01 (305)274-914-3	NAME STREET ADDRESS	NAME STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing 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 truster amplifyment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address with all other like empowered. SIGNATURE: OG-12-01 (305)274-914-3	NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Change ☐ Addition
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 trusted empty where 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. SIGNATURE: OG-12-0((305)274-9143)	NAME STREET ADDRESS	NAME STREET ADDRESS	178	Change Addition
	13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or treater empty were to execute this report changed, or on an attachment with an address with all other like empowered.	r the exemption stated in S ny signature shall have the as required by Chapter 60	e same legal effect as if made under or 17, Florida Statutes; and that my name	ath; that I am an officer or director appears in Block 11 or Block 12 if
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