DUCUMENT# 570036 Secretary of State	2002 UNIFORM BUSINESS REPORT (UBR)								FILED Jan 08, 2002 8:00 am			
Principal Place of Business	1. Entity Name								Secretary (of Sta	te	0400377 AV
30 AUSTRALAN AVENUE PALK BERCH FL 3080 US 2. Principal Place of Business 3. Mailing Acdress 3. Mailing Acdress 3. Mailing Acdress 4. FEI Number Sp-1684200 Applied For Intelligence Agent Palk BEACH FL 3080 Palk Applied For Intelligence Agent Palk BEACH FL 3080 Palk Palk Beach Palk Palk Beach Palk Palk Beach Palk Palk Palk Beach Palk Palk Palk Palk Palk Palk Palk Palk	INUIVIAS	A. HUADI	LET, P	A.					01-08-2002 90030 (<i>)23</i> ****150.	00	
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Suite. Apt. #. etc. City & State City & St	2. Principal P	lace of Busine	ss	1	3. Mailing Address							
Sp-1684200 Main Applicable	Suite, Apt.	#, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS	S SPACE		
Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature named entity submits agent agent agent agent agent age	City & State				City & State			4.	FEI Number 50-1694200]
Name and Address of Curront Registered Agent Name Na	Zip		Country	у	Zip	Cour	ntry	5.		\$8.75 Add	litional	1
HOADLEY, THOMAS A. 310 AUSTRALIAN AVENUE PALM BEACH FL 33480 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, typed or prises name of registered agent and lite of expirable. (NOTE Registered Agent signature required when recitating) 9. This corporation is eligible to satisfy its intangible of make the prises of the purpose of part signature requirement and elects to do so on Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME NAME NAME NAME NAME NAME NAM		6 Nama a	nd Add	rose of Current Pa	raintered Agent	L .	Т	7	Name and Address of New Posisterer			1
310 AUSTRALIAN AVENUE PALM BEACH FL 33480 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent age		o. Name a	nu Auu	ress of Current Ne	gistered Agent		Name :	- / .	Name and Address of New Registered	Agent		1
PALM BEACH FL 33480 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or praised rame of registered agent and title if applicable. (NOTE Registered Agent signature required when remotivering) DATE 9. This corporation is eligible to satisfy its Intangible rate of the purpose of change in back) Diffection is eligible to satisfy its Intangible requirement and elects to do so. (See criterian or back) Diffections 11. OFFICERS AND DIFECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 Rrite PD HAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TI	•						Street Address (P.O. Box Number is Not Acceptable)					1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or preted name of registered agent and stee if applicable. P. This corporation is eligible to satisfy its intangible of the florida of the flor												1
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 Signature, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rentition) DATE	PALM BEA	ACH FL 3348	SU									1
SIGNATURE Signature, typed or printed name of registered agent and tole of applicable. (NOTE: Registered Agent signature required when remotation) DATE							City		F	L Zip Code	9	
9. This corporation is eligible to satisfy its Intangible (Special period name of registered agent and title if applicable.) Tax filling requirement and elects to do so. (See criteria on back) State flag requirement and elects to do so. (See criteria on back) Delete Title Delete Delete Title Delete Delete Delete Delete Delete Delete Delete Delete Delete Delete	8. The above	named entity	submits	this statement for th	ne purpose of changing its	register	ed office or register	ed aç	gent, or both, in the State of Florida.	!		
Tax filing requirement and elects to do so. (See criteria on back)	SIGNATURE.	Signature, typed or	printed nar	me of registered agent and	title if applicable. (NOT	E: Registere	d Agent signature required	I when	reinstating) DATE			
MADLEY, THOMAS A STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing requirement and elects to do so.				After May 1, 2002 Fee will be \$550.00			Trust Fund Contribution. Added to Fees				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	11.			OFFICERS AND DI	RECTORS	12.		Α[DDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	1
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	TITLE NAME				☐ Delete	TITL	E E			☐ Change	Addition	

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

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 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. TATUS 61 - 655 - 5962

☐ Change

☐ Addition

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TROMASIRE HOALING

Delete