2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	5350)90
1. Entity Name	لي ، چه	

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DOCUMENT # 535090 1. Entity Name TURNING HAWK DEVELOPMENT CORP., INC.				-	FILED Jan 26, 2000 8:00 am			
					Secretary of State 01-26-2000 90094 001 ***150.00			
Principal Plac 1048 KANE CO #2B BAY HARBOR I US	NCOORSE	Mailing Address 1048 KANE CONCOURSE #28 BAY HARBOR FL 33154-2107 US		-	! (10 (0) 6(11)	EDDT Lune and and and	1760 min dani min dani	RIEN UNDER NUTE
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·	7		DO NOT WRITE IN	N THIS SPACE	
City & State City & State		City & State		4. F	El Number	59-1834020		Applied For Not Applied
Zip	Country	Zip	Country	5. (Certificate of	Status Desired	\$8.75 A Fee Requi	dditional
	6. Name and Address of Current R	egistered Agent	Name	7. N	lame and Ad	idress of New Regi	stered Agent	
1048 STE	NNSKY, EDWARD 3 KANE CONCOURSE 28 HARBOR FL 33154			s (P.O. B	ox Number is	s Not Acceptable)	FL Zip Co	
8. The above	named entity submits this statement for	he purpose of changing its re] gistered office or regist	lered ag	ent, or both,	in the State of Florida		
SIGNATURE .	Signature, typed or printed name of registered agent an	1 title if applicable INOTE: R	legistered Agent signature requi	red when re	nstating)		DATE	
Tax filling r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of S			on Campaign Financ Fund Contribution.		OO May Be ed to Fees
11.	OFFICERS AND D		12.	AD	DITIONS/CH	IANGES TO OFFICE		
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indicated of the cor	Certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the supplementation of the receiver or trustee empower or on an attachment with an address, with the supplementation of t	rue and accurate and that my rered to execute this report as	signature shall have th required by Chapter 6	e same l	egal effect a	s if made under oath	that I am an offic	er or director or Block 12

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SIGNATUR	AND	YPED OF	PRINTED N/	ME OF	SIGNING OFFICER OR DIRECTOR	