2002 UNIFORM BUSINESS REPORT (UBR)							FILED Jan 08, 2002 8:00 am		
DOCUMENT # 598662 1. Entity Name							Secretary of Stat	te .	
1		ND COMPANY, INC	CORPORATED		•		01-08-2002 90003 034 ***150.00		
Principal Place of Business Mailing Address						\dashv			
4170 NE FIFTH TERR OAKLAND PARK FL 33334			4170 NE FIFTH TERR OAKLAND PARK FL 333	4170 NE FIFTH TERR OAKLAND PARK FL 33334					
			With the control of	~-		ļ	E NABURU BUKKA KATAK BAKKA BUKKA BUKKA MINU BURKI BUBKI BUBKI BUBKI BUBKI BUBK	/11 010 /1 F 00 /	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #,				, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	le		City & State	City & State		4. F	NU-1885376	lied For Applicable	
Zip Country			Zip	Zip Country		5. 0	Certificate of Status Desired See Required Fee Required	ional	
	6. Name	and Address of Current F	Registered Agent		Name	7. N	Name and Address of New Registered Agent		
WIECK, HENRY C									
WIECK, HENRY C 1821 NW 42ND ST OAKLAND PARK FL 33309						ss (P.O. B	Box Number is Not Acceptable)		
₹OAKLAN E	D PARK FL (33309		ŀ					
				1	City		FL Zip Code		
8. The above	anamed entity	/ submits this statement for	r the purpose of changing if	ts register	ed office or regis	stered age	ent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed r	or printed name of registered agent an	and title if applicable. (NC	OTE: Registere	ed Agent signature requi	uired when rei	einstating) DATE	—	
		ble to satisfy its Intangible			IS \$150.00		10. Election Campaign Financing \$5.00	_	
(See criter	requirement ar ria on back)	and elects to do so.	Make Check Paya		Fee will be \$550.00 to Department of Stat		10. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to		
11.	PST	OFFICERS AND D		12.		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IF		
TITLE NAME	MAEON HENDY O		TITLE NAME	- !		☐ Change [CR2E034 (9/01)		
STREET ADDRESS	RESS 1821 NW 42ND ST			EET ADDRESS			34 (
CITY-ST-ZIP	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-ST-ZIP			ZEO:		
TITLE	☐ Delete		TITLE	_		☐ Change [Addition &		
NAME STREET ADDRESS	İ			NAME	EET ADDRESS				
CITY-ST-ZIP	1				-ST-ZIP				
-11712			Delete Delete		= - =		☐ Change [Addition —	
NAME	1			NAME	-				
STREET ADDRESS CITY-ST-ZIP	l				ET ADDRESS -ST-ZIP				
TITLE			□ Delete	TITLE			Change [T + tubine	
NAME	1		☐ Delete	AIAME			☐ Change	Addition	

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.

SIGNATURE:

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

■ Addition

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME