FILED Jan 10, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

681680

DOCUMENT #

CAFIN C				01-10-2003 90036 024 ***1	50.00
151 CRANDO 143	ace of Business ON BLV NE FL 33149	Mailing Address 151 CRANDON BLV 143 KEY BISCAYNE FL 3314	19	A 1881/16 BILBY IRVOL HIEVA AMBU IRINA BIRU BIRU BIRU BIRU BIRU BIRU BIRU	I ANDA BUBU ARDI
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		A SCINI	
Zip	Country	Zip	Country	39-20/0//0	Not Applicable
	6. Name and Address of Curren	t Registered Agent		Fee Requi	red
00100				7. Name and Address of New Registered Agent	
	EIN, KATTIA		Street Addres	ss (P.O. Box Number is Not Acceptable)	
610 CURTISWOOD DR KEY BISCAYNE FL 33149				() Solid to the cooperation of	
3			City	□ Zip Co	udo.
8. The above	e named entity submits this statement for	or the nurnose of changing it		FL Zip Co	
the obliga	tions of registered agent.	,	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with	n, and accept
SIGNATURE	Signature, typed or printed name of registered agent	KAT	tin Golds	TEIN 1 200	5.3
		t and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.0	00 мау ве
Make Check	k Payable to Florida Department o	of State			d to Fees
TITLE	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 11
NAME	MCGREGOR, ELIZABETH	☐ Delete	TITLE NAME	☐ Change	■ Addition
STREET ADDRESS	151 CRANDON BLVD.,#143		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change	☐ Addition
NAME STREET ADDRESS			NAME	Onlings	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE	Channe	
NAME STREET ADDRESS			NAME	☐ Change	☐ Addition
CITY-ST-ZIP			STREET ADDRESS		
ITLE		☐ Delete	CITY-ST-ZIP TITLE		
IAME		- Delete	NAME	☐ Change	Addition Addition
TREET ADDRESS			STREET ADDRESS		
ITY-ST-ZIP			CITY-ST-ZIP		
of the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empor or on an attachment with an address, w	worod to avanute this years	the exemption stated in S ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the in same legal effect as if made under oath; that I am an officer of 7, Florida Statutes; and that my name appears in Block 10 or	oformation or director Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-8-03 3053616041