FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 845100

1. Entity Name

LANGDALE COMPANY N.V.



Jun 23, 2003 8:00 am Secretary of State 06-23-2003 90058 018 ***550.00

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	DO NO									
2. Principal Place of Business			3. Mailing Address							
% Trizel Real Estate			% Trizel Real Estate							
Suite, Apt. 250 Ca	#.etc. ataloni.	a Ave, #305	Suite, Apt. #, etc. 250 Catalonia/Ave, #30.		#305	DO NOT WRITE IN THIS SPACE				
City & State City & State						El Number			\neg	Applied For
Coral Gables, FL		Coral Gables, FL			59-2057834				Not Applicable	
Zip Country USA		Zip 33134	Country USA		5. Certificate of Status Desired Fee F				Additional uired	
			, -	7. Name and Address of Current Registered Agent						
Mar vest situation		SERIOTIAN	NameTom Chialastri							
	ישי	IW TON C		(P.O. Box Number is Not Acceptable)						
Samuel Sa	- IN	THIS SP	ACE							
			250 Catalonia Avenue, #305							
	Selekalli ira katta	an Christian I. C. C. Coll. Christia Ballatini e. Tribu.		City	Coral	Gables,		FL	Zip C	Code 3.3.1.3.4
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. I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) [IATE]										
-Ja		1. Fee is \$150.00				Ţ	··			
Make Check	After May 1, Amended U Payable to F		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS										
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #