2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F9900001580

1. Entity Name

AQUIRED ASSETS LTD INCORPORATED



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90246 039 ***150.00

| Country Zip Country Zip Country St. Certificate of Status Desired S8.75 Additional S8.75 Additional S8.75 Additional See Required | , NOINE | D AGGETG, ETD. INCOMPO | RAIEU | | | | | | |
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| 2. Principal Placo of Scanness 3. Mailing Address Surie, Apt. #, etc. Surie, Apt. #, etc. CHECK / IEPE IF MAKING CHANGES City & State Cuntry Zip Country 5. Certificate of Status Desired Replaced Exp Country Zip Country 5. Certificate of Status Desired Sa.75 Address RUSSO, MARY Society Substitute Sa.75 Address Sa.75 Address FULSSO, MARY Society Substitute Sa.75 Address Society Society Society Exp Country Zip Country S. Certificate of Status Desired Sa.75 Address For Name and Address of New Registered Agent Name and Address of New Registered Agent For Name and Address of New Registered Agent Sa.75 Address FULSO, MARY Society Society Society Society Society Society FULSO, MARY Society | 147 WILLIS | AVENUE | | | | | يادا السيسيون | | |
| Suite, Apt. 4, etc. CHECK HERE IF MAKING CHANGES | Mineola [,] n | Y 11501 | MINEOLA NY 11501 | | | | | | |
| Suite, Apt. 4, etc Suite, Apt. 6, etc City & State A. FEI Number 11-3219668 Applied | | | | | | | | | |
| City & State Country City & State City & FL Zip Code 8. The aboven named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and acceptable) City & FL Zip Code 8. The aboven named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and acceptable of the obligations of displaced agent, or both, in the State of Floride. I am familiar with, and acceptable of the obligations of displaced agent, or both, in the State of Floride. I am familiar with, and acceptable of the obligations of displaced agent, or both, in the State of Floride. I am familiar with, and acceptable of State of Floride agent, or both, in the State of Floride. I am familiar with, and acceptable of Floride agent, or both, in the State of Floride. I am familiar with, and acceptable of Floride agent, or both, in the State of Floride. I am familiar with, and acceptable of Floride agent, or both, in the State of Floride. I am familiar with, and acceptable of Floride agent, or both, in the State of Floride. I am familiar with, and acceptable of Floride agent, or both in the State of Floride. I am familiar with, and acceptable of Floride agent, or both in the State of Floride. I am familiar with, and acceptable of Floride agent, or both in the State of Floride agent, or bo | Principal Place of Business Address Address | | | | | 1 1001100 1110 10110 10111 00111 00111 | | | |
| Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Foo Required Agent 7. Name and Address of New Registered Agent 7. Name and Addre | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | |
| S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSO, MARY 6064 PETUNIA DRIVE DELRAY BEACH FL 33484 City City FL Zip Code 8. The above named cntity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Floride. I am familiar with, and no the obligations of registered agent and registered agent, or both, in the State of Floride. I am familiar with, and no the obligations of registered agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, and the obligations of registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, and the obligations of registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, and the obligations of registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, and the obligations of registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, or registered agent, or both, in the State of Floride. I am familiar with, and no displaced agent, and an additional agent | City & State | | City & State | | | 4. FEI Number 11-3219668 | | oplied For | |
| RUSSO, MARY 6064 PETUNIA DRIVE DELRAY BEACH FL 33484 City City FL City | Zip | | | Country | | 5. Certificate of Status Desired | \$8.75 Add | ditional | |
| RUSSO, MARY 6064 PETUNIA DRIVE DELRAY BEACH FL 33484 City FL Zip Code Add Added to Fee Titl Added | | 6. Name and Address of Current | Registered Agent | | | 7. Name and Address of New Registe | red Agent | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | PHISSO | MADV | | Name | | · · · · · · · · · · · · · · · · · · · | | | |
| Eity | 6064 PE | tunia drive | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Signature Spiniars, bysed or printed name of registered agent and this disposable (NOTE Registered Agent Signature regulated when remotal(n)) DATE | DELRAY | BEACH FL 33484 | | | | | | | |
| SIGNATURE Signature Signature Signature total Signature Signature | 9 The char | | | 1 1 | | | FL Zip Code | | |
| Sponture, posed or primed name of ingitiored agent and life if applicable (NOTE Registered Agent signature required when reinstating) ### FILE. NOW!!EEE.IS.\$150.00 ### After May 1, 2003 Fee will be \$\$50.00 ### Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### TRUE ### OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### TRUE ### OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### TRUE ### OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### OFFICERS AND DIRECTORS ### OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ### OFFICERS AND DIRECTORS ### OFFICERS AND D | the obliga | e named entity submits this statement fo ations of registered agent. | or the purpose of changing its | s registered office o | r registered | agent, or both, in the State of Florida. I | am familiar with, | and accept | |
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| 2. 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 of the corporation of the receiver of the properties of the corporation of the receiver of the properties of the corporation of the receiver of the properties of the corporation of the receiver of the properties of th | 2. I hereby ce | ertify that the information supplied with t | his filing does not await. | | | | | | |

SIGNATURE: