FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 6 64739

1. Entity Name

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

04-10-2003 90153 021 ***150.00

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Cor	City & State COABLES, Fl		COLAL COMOLOS, FL		4. FEI Number 19	-2368197	Applied For Not Applicable		
^{Zip} 331	»Y	Country DADE	Zin33134	Country		5. Certificate of State		\$8.75 Additional Fee Required	
					lame 🏒 /	7. Name and Address		red Agent	
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				C	ity CORHI	COMBLES, FO	(F	L Zip Code	
8. The above	e named entit	y submits this statement for	the purpose of changing its	s registered o	<u></u>		State of Florida. I an	familiar with, and accept	
the obliga	ations of regis	tered agent.							
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SIGNATURE	Control of the Control	or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered Age	ent signature required	when reinstating)	DATE		
	After May Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 Florida Department of	State				ampaign Financing Contribution.	\$5.00 May Be Added to Fees	
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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

4/7/03 (3as-)476-19=0
Date Dayline Phone #

CR2E034B (12/02)