	2 Uniform Busi		RT	(UBR)		FILED Mar 14, 2002 8:00	am	
DOCUMENT # H34264						Secretary of State	· •	
1. Entity Name TUI PRANICH & ASSOCIATES, DANIA INC.						03-14-2002 90385 001 ***317.50	V	
Principal Plac 400 CLEMATIS #200 WEST PALM I US		Mailing Address 400 CLEMATIS ST #200 WEST PALM BEACH FL 33401 US						
2. Principal Place of Business 3. Mailing Address						S TORANDI DIANA TIKIK DI DI U KINEKA DI UKA DI UKATI DI DI TATIK WANTI DI DI TATIK UKATI DI DI TATI	1 1981	
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
City & State	City & State	State			4. FEI Number 59-2486767 Applied For Not Applicable			
Zip	Country	Zip Coun		try	5. (Certificate of Status Desired K \$8.75 Additional Fee Required	Lable	
	6. Name and Address of Current Registered Agent				7N	7Name and Address of New Registered Agent		
PRANICH			Name					
PRANICH, NORANIT TUI 400 CLEMATIS ST				Street Address (P.O. Box Number is Not Acceptable)				
#200								
WEST PALM BEACH FL 33401				City FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its	registere	ed office or regi	stered ag	ent, or both, in the State of Florida.		
SIGNATURE								
	· · · · · · · · · · · · · · · · · · ·	FILE NOW!						
Tax filling requirement and elects to do so. After May 1, 2002				Fee will be \$550.00 to Department of State		10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee		
11. TITLE	OFFICERS AND D		. 12. TITLE	:	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Ar		
NAME STREET ADDRESS CITY-ST-ZIP	PRANICH, NORANIT TUI			E IET ADDRESS - ST- ZIP			CR2E034 (9/01)	
TITLE	T Delete		TITLE	- 🗌 Change		- 🗌 Change 🋄 A	ddition	
NAME STREET ADDRESS CITY-ST-ZIP	400 CLEMATIS ST #200 s		11	e et address - St-zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAUMGARTNER, JOHN 1000 VENETIAN WAY #1308					Change Ac	ddition (
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete				Change Ad	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR					Change A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>.</u>		Change A	ddition .	
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 attachmen with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								