2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #H 73403 /					Se	Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90040 042 ***150.00		
VLFK	CONTULTING	- SERVICES	IN	<i>-,</i>				
Principal Place of Business Mailing Address								
10524 5W 132 CT						TANTO SERVIZ		
MIANU FLORIDA 33/86 2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO	DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number	-257569	Applied For Not Applicable	
Žip	Country	Zip	Zip Country		5. Certificate of Status	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Cur	ent Registered Agent			7. Name and Address	of New Registered	Agent	
					ress (P.O. Box Number is Not A	cceptable)	2	
City 8. The above named entity submits this statement for the purpose of changing its registered office or reg					24 5cm / ?	<u>.</u>	Zip Code 33/86	
SIGNATURE .	Signature, typed or printed name of registered				equired when reinstating)	DATE		
Tax filing r	ration is eligible to satisfy its Intan equirement and elects to do so. ia on back)		l, 2001 Fed	IS \$150.00 will be \$550 Department o	10. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIRECTORS 12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY+ST-ZiP		☐ Delete	SĭI	ME REET ADDRESS Y-ST-ZIP	MARRY F. K. 10524 JUS MINIMI, FLO	132 CT	☐ Change ☐ Addition	
TITLE		☐ Delete	311	Lξ) i was	- 4 D- 61	☐ Change ☐ Addition	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZiP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR