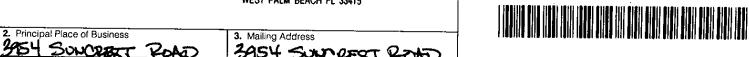
07-18-2002 90131 018 ***150.00

J28753 **DOCUMENT#** 1. Entity Name SAVE UP INTERNATIONAL, INC. Principal Place of Business Mailing Address 1760 \$ MILITARY TR C/O LEONILA MIRANDA WEST PALM BEACH FL 33415-6407 4872 PIMLICO CT WEST PALM BEACH FL 33415



3954 SUNCREST POAD	3954 SUND	FOT PA	45			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State CHECKELES, FLOUDS	City & State	8. Frozi	DA 4.	FEI Number 65-0357576		Applied For Not Applicable
Zip Country	33463	Country		Certificate of Status Desired	Fee Requir	
6. Name and Address of Currer	nt Registered Agent	—————	7.	Name and Address of New Regist	ered Agent	
MIRANDA, LEONILA			ED NIL	A MIRANDA	·	
4872 PIMLICO CT.		Street	Address (P.O. I	Box Number is Not Acceptable)		
WEST PALM BEACH FL 33415		82.	(1 XINIO	n Drive	-	
		Oib.			· 	
		بهدا	שטבעו א	24-)	FL Zip Co	<i>≥ i7</i> ~=1
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its r	egistered office o	or registered ag	gent, or both, in the State of Florida.	I am familiar with	, and accept
the conganons of registered agent.						
SIGNATURE Journal of registered agei	mda .					
<u> </u>		Registered Agent signa		einstating)	DATE	
9. This corporation is eligible to satisfy its Intangib		FEE IS \$550	.00	10. Election Campaign Financin	o 65.4	30
Tax filing requirement and elects to do so. (See criteria on back) After September 13, 20 Make Check Payable to			11 DC \$150.00 T			
11. OFFICERS AND		12.		DITIONS (OLUMNOSO TO CONTINUE		
TITLE PTD	☐ Delete	TITLE	Pro	DITIONS/CHANGES TO OFFICERS		
NAME MIRANDA, LEONILA	Delete	NAME	I	A, LEONILA	Change	☐ Addition
STREET ADDRESS 4872 PIMLICO CT.		STREET ADDRESS	8271 7	imon Drive		
CITY-ST-ZIP WEST PALM BEACH FL 33415		CITY-ST-ZIP	LACEN			
TITLE	☐ Delete	TITLE			☐ Change	☐ Addition
NAME		NAME				—
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				
		CITY-ST-ZIP	<u> </u>			
TITLE	Delete	-TITLE		remain and the second	☐ Change	☐ Addition
STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE	☐ Delete	TITLE	<u>-</u>			
NAME	LJ Delete	NAME			☐ Change	Addition
STREET ADDRESS		STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				{
ITLE	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
VIDEET ADDRESS		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				1
TTLE		CITY-ST-ZIP				
IAME	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS		NAME STREET ADDRESS				ĺ
ITY-ST-ZIP		CITY-ST-ZIP				1
		_				1

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:

Attachment # Decement # J28753

Save Up International, Inc 3954 Suncrest Road Greenacres, Florida 33463

July 15, 2002

Department of State P.O. Box 1500 Tallahassee, Florida 32302

Dear Sir or Madam:

We have received your demand for payment regarding 2002 Uniform Business-Report. Your records indicate that we owe \$550.00.

According to our records the invoice was never received.

Enclosed is a payment of \$150.00 to be applied to the balance.

Please contact us at the above address if you have any questions or need additional information.

Sincerely,

Leonila imnanda Leonila Miranda

Enclosure