## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 31, 2003 8:00 am Secretary of State

S. Name and Address of Coursing Registered Agent  6. Name and Address of Coursing Registered Agent  7. Name and Address of New Registered Agent  8. Streat Address (P.O. Box Number is Not Acceptable)  7. Name and Address of New Registered Agent  8. Streat Address (P.O. Box Number is Not Acceptable)  8. The above named entity subpilia, this statement for the purposa of changing its registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations in group agent	DOCUMENT # J66511  1. Entity Name ALIX PAIGE LTD. CORP.					03-17-200	3 90053 029 ***	*150.00	
Sulfa, Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S8.75 Additional  Fee Required  Requir	% ARTHUR BO 430 WEST 181	oren IH St.	% ARTHUR BOR 430 WEST 18TH	% ARTHUR BOREN 430 West 18th St.					
City & State  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Stroot Address (P.O. Box Number is Not Acceptable)  Stroot Address (P.O. Box Number is Not Acceptable)  Stroot Address (P.O. Box Number is Not Acceptable)  The Above rapped entity subplies this statement for the purpose of charging its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the chipathent Agent squared required spate and statement for the purpose of Charging its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared required spate and invalidation of the Chipathent Agent squared agent and invalidation of the Chipathent A	Principal Place of Business     3. Mailing Address					I JEDVIJVO 2018 OVIEK BUINK BRADA KIDEKLANKA QUBRI ONDIA DVOTA DVOTA BIDAN BIDAN BIDAN BUDI. 1400)			
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Products   Fee Produc	Suite, Apt.	. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired   Foe Pequired   F	City & State		City & State	City & State		4. FEI Number 59-2806521		Applied For Not Applicable	
PETRUZZELI, VICXI 430 W 18TH ST HIALEAH R. 33010  8. The above nagred entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations by the property of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida. I am familiar with, and accept the purpose of Florida Department of State of Florida Department of Stat	. Zip			Coun	try	5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above ragned entity subgists this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of the obliquations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of the obliquations of the obliquations of the obligations of the obliquations		6. Name and Address of C	urrent Registered Agent		Nassa	7. Name and Address of New R	egistered Agent		l
Signature    Addition   Signature   Street Address (P.O. Box Number is Not Acceptable)	DETD11770	THE MOVE	. <del></del>	<del></del>	Name	and the second s		· · · · · · · · · · · · · · · · · · ·	_
8. The above named entity subpliks this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registered agent.  SIGNATURE  FILE NOW!IF FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  BOREN, ARTHUR  31 E. RIVO ALTO DRIVE  CITY-ST-2P  MIAMI BEACH FL  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  MIAMI BEACH FL  TITLE  MAME  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADDRESS  CITY-ST-2P	· ·				Street Address	(P.O. Box Number is Not Acceptable	)		
9. The above named entity subplias his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent signature restricted when retinated agent signature restricted when retinated with a factor of the obligations of registered agent signature restricted when retinated agent signature restricted when retinated agent signature restricted when retinated when retinated agent signature restricted agent signature restricted agent, or both, in the State of Florida. I am familiar with, and accept the collection of the state of Florida Designation and state of Florida Designat	HIALEAH F	FL 33010					•		
SIGNATURE  FILE NOW III FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME SIREF ADDRESS CITY-ST-2P  TITLE NAME SIREF ADDRESS CITY-ST-2P  TITLE NAME SIREF ADDRESS CITY-ST-2P  TITLE NAME NAME SIREF ADDRESS CITY-ST-2P  T					City		FL Zip Co	ode .	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P	the obligat	tions of registered agent.	Sel )					n, and accept	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	BOREN, ARTHUR 31 E .RIVO ALTO DRIVE	□ De	NAME STREE	ET ADDRESS		☐ Change	Addition	F034 (10/02
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	orth that the information		NAME Stree City-s	T ADDRESS ST-ZIP	1007000	☐ Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: