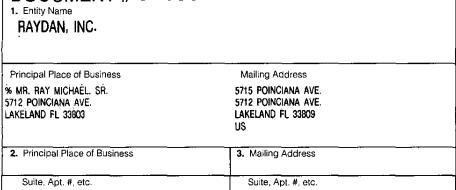
2001 UNIFORM BUSINĘSS REPORT (UBR)

DOCUMENT # J76602~

FILED Mar 22, 2001 8:00 am Secretary of State 03-22-2001 90029 019 ***150.00



5712 POINCIANA AVE. LAKELAND FL 33803 2. Principal Place of Business Suite, Apt. #, etc.		5712 POINCIANA AVE. LAKELAND FL 33809 US 3. Mailing Address Suite, Apt. #, etc.			I HABIRIA BINI FAND BINID BINID BAND	:	11811 BIJIH BIB	H 81311 18 8 1	
					DO NOT WRITE IN THIS SPACE				
City & State	9	City & State		4. F	4. FEI Number 59-2827219			Applied For Not Applicable	
Zip Country Zip			Country				ditional	-	
	6. Name and Address of Current R		7. Name and Address of New Registered Agent						
				Name					
SWE/ 2018	Street Ac	Street Address (P.O. Box Number is Not Acceptable)							
Dive	LAND FL 33803		City	 		FL	Zip Coo	le	
8. The above	named entity submits this statement for	he purpose of changing it	ts registered office or	registered ag	ent, or both, in the State of Flo	orida.	<u> </u>		1
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NC	TE: Registered Agent signatu	re required when re	instating)	DATE			
Tax filing r	ration is eligible to satisfy its Intangible — equirement and elects to do so. ia on back)	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Election Campaign Fin. Trust Fund Contribution			0 May Be d to Fees	-
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	1 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHÁEL, RAYMÓND, SR. 5715 PÓINCIANA AVE LAKELÁND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			.,	☐ Change	Addition	(10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	9
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
13. I hereby of indicated	ertify that the information supplied with the on this report or supplemental report is t	nis filing does not qualify for rue and accurate and that	or the exemption state my signature shall ha	ed in Section 1 ave the same I	119.07(3)(i), Florida Statutes. I egal effect as if made under c	further certifoath; that I ar	fy that the i	nformation r 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: