## APPROVED AND

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RECRETATIVE STATE  18.0% SQUTH DOKE HAY 9344  MAM IR, 33157  18.0% DOKE HAY 9344  MAM IR, 33157  MAM IR, 33157  MAM IR, 33157	Principal Place of Business Mailing Address				<del></del>			~. TË		
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Zip Country Zip Country S. Certificate of Status Desired Des	Julie, Apr. #, etc.									
8. Name and Address of Current Registered Agent  NANGLE, JAMES S 8101 SW 1847H LN. MIAMI FL 33157-7417  City  FL Zp Code  City  FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SignaTURE  9. This corporation is eligible to satisfy its intengible Tax king requirement and directs to do so.  After SepTEMBER 13, 2000 Min, will be 750.00  After SepTEMBER 13, 2000 Min, will be 750.00  Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  NAME  NAME  NAME  NAME  NAME IN 184 LANE  Delite  NAME  OFFICERS AND DIRECTORS  10. Sept Address  SIRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS IN 1  TITLE  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET ADDRESS  CITY-ST-2P  TITLE  OFFICERS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  Change Addition  NAME  SIRET AD	City & State	9	City & State		4. FEI Number	65-0625425				
NANGLE, JAMES S 8101 SW 184TH LN. MIAMI FL 33157-7417  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. in the State of Florida.  SIGNATURE  9. This proporation is eligible to satisfy its Intangible Task integring requirement and elicits to do so.  After SEPTEMBER 13, 2000 Min. will be \$750.00  After SEPTEMBER 13, 2000 Min. will be \$750.00  Trust fluor of both control of the purpose of changing its registered office or registered agent, or both. in the State of Florida.  9. This proporation is eligible to satisfy its Intangible Task integring requirement and elicits to do so.  After SEPTEMBER 13, 2000 Min. will be \$750.00  After SEPTEMBER 13, 2000 Min. will be \$750.00  Trust Fund Contribution.  Added to Feese Make Changes of Change Addition Make Changes Singer Addition Name SIREET ADDRESS  OTH'S 1-2P  PANGLE, JAMES S  8101 S.W. 184 LANE  Delete  Till Change Addition Name SIREET ADDRESS  OTH'S 1-2P  Delete  TILE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIREET ADDRESS  OTH'S 1-2P  TILE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIREET ADDRESS  OTH'S 1-2P  TILE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIREET ADDRESS  OTH'S 1-2P  TILE NAME SIREET ADDRESS  OTH'S 1-2P  THE NAME SIRET A	Zip	Country	Country Zip Country							
NANGLE, JAMES S 8101 SW 184TH LN. MIAMI FL 33157-7417  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, titled to oridise name of requised agent woll till it spoketible.  O'CTIC. Registered Agent signature invaried when reinstalling in the State of Florida.  SIGNATURE  Signature, titled to oridise name of requised agent woll till it spoketible.  O'CTIC. Registered Agent signature invaried when reinstalling.  O'CTIC. Registered Agent signature invaried when reinstalling.  DATE  SIGNATURE  Signature, titled to oridise name of requised agent woll till it spoketible.  O'CTIC. Registered Agent signature invaried when reinstalling.  O'CTIC. Registered Agent signature invaried when		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Registered	l Agent		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, specific process and office is applicable.  NOTE registered agent, or both, in the State of Florida.  Signature, specific process and signature separated site is applicable.  NOTE registered agent, or both, in the State of Florida.  Signature, specific process and signature separated site is applicable.  NOTE registered agent, or both, in the State of Florida.  Signature, specific process and state is applicable.  NOTE registered agent, or both, in the State of Florida.  Signature, specific process and state is applicable.  NOTE registered agent, or both, in the State of Florida.  Signature, specific process and state is applicable.  NOTE of registered agent, or both, in the State of Florida.  Signature, specific process and state is applicable.  NOTE of registered agent, or both, in the State of Florida.  Signature, specific process and state of Florida.  Signature, specific process and state is applicable.  NOTE of registered agent, or both, in the State of Florida.  Signature, specific process and state of Florida.  Signature, specific process and state is applicable.  NOTE of registered agent, or both, in the State of Florida.  Signature, specific process and state of Florida.  Signature, specific process and state is applicable.  NOTE of registered agent, or both, in the State of Florida.  Signature, specific process and state of Florida.  Signature, specific process and state and section of Plorida.  Signature, specific process and state and section of Plorida.  Signature, specific process and state and section of Plorida.  Signature	AAAAAA				Name					
And the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Symman, Upon'd or private named inequated agent and date it applicable.   (NOTE Registered Agent symmun recurred when remarking).   DATE					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, toped or person name of impostmed agent and tible if applicable.   NOTE Registered Agent alignulum regulatory when remotively   DATE  9. This corporation is eligible to satisfy its intangrible Tax Hilling requirement and allocits to do so.   After SEPTEMBER 13, 2000 Min. will be \$750.00    Make Orbeck Payable to Department of State  11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE   Defelse   TITLE   Defelse   TITLE    NAME SITER ADDRESS   STREET			-							
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Tax filing requirement and elects to do so. (See criteria or back)    After SEPTEMBER 13, 2000 Min, will be \$750.00     Make Check Payable to Department of State	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered A	gent signature require	ed when reinstating)	DATE		—— i	
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13. Thereby 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 path; that I am an officer or director					· •					
	13. I hereby of indicated	pertify that the information supplied with on this report or supplemental report in	h this filing does not qualify fo s true and accurate and that r	r the exemp	otion stated in S	ection 119.07(3)(i),	Florida Statutes. I further oas if made under gath: that	ertify that the in I am an officer	oformation or director	

2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE: