2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36269 1. Entity Name

FILED Jan 18, 2001 8:00 am Secretary of State

Principal Place of Business CPO CHRIES ZUMBA 2GR N 215T AVE PRUMPRICE PINES FL 3000 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc. Cly & State Cly & Sta	ABCA SEAM	ALESS RAINGUTTERS AND	HILLS ALUMINUM I	PRO			01-18-2001 90013			•	
Suite, Apt. et etc. Suite, Apt. etc. City & State City & State City & State City & State Country Zip Country Zip Country Suite Applied For Applied A	•	IBAR	C/O CHARLES ZOMBAR 2405 N. 21ST AVE.			 	- / ************************************				
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Zip Country Zip Country 5. Certificate of Status Desired S 5. 5. 5. And Address of Current Registered Agent 7. Name and Address of Rev Registered Agent 7. Name and Address of Rev Registered Agent 7. Name and Address of Rev Registered Agent 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. 8. The above named agent evaluate agent evaluate agent evaluate agent evaluate agent	Suite, Apt. #, etc. Suite, Apt. #, e			t, etc.		1	DO NOT WRITE IN THIS SPACE				
Country	City & State		City & State			4 . F	0071109019				
ZOMBAR, CHARLES 2405 N 21ST AVE HOLLYWOOD FL 33020 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 porporation is eligible to satisfy its intangible Tax filting registered agent and selects to do so. (See criteria on back) PD 20MBAR, CHARLES 216 Code 9. This porporation is eligible to satisfy the filting library of the floridation of the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. This porporation is eligible to satisfy its intangible Tax filting registered agent and selects to do so. (See criteria on back) (See criteria on back) PD 20MBAR, CHARLES 2005 N21 AVE PD 20MBAR, CHARLES 2005 N21 AVE POLITY OFFICERS AND DIRECTORS CITY-ST-ZP FILE POLITY OFFICERS CITY-ST-	Zip	Country	Zip	Cour	ntry	5. 0	Certificate of Status Desired		\$8.75 Ad	ditional	
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### HOLLYWOOD FL 33020 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. 9. This corporation is eligible to satisfy its Intangible Tax lifting requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 11. OFFICERS AND DIRECTIORS 11. Election Campaign Financing Addition 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 11. OFFICERS AND DIRECTIORS 11. Election Campaign Financing Addition 11. OFFICERS AND DIRECTIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 11. OFFICERS AND DIRECTIORS 11. Election Campaign Financing Addition 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 11 13. OFFICERS AND DIRECTIORS 14. OFFICERS AND DIRECTIORS 15. OFFICERS AND DIRECTIORS 16. Election Campaign Financing Addition 16. Election Campaign Financing Addition 17. Election Campaign Financing Addition 18. Election Campaign Financing Addition 19. Election Campaign Finan			<u> </u>		Name				-		
## City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. **Signature** Signature** Signatur		Street Address (P.O. Box Number is Not Acceptable)									
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SIGNATURE SIGNATURE Signature head or princed name of registered appear and tile 1 application. (NOTE: Registered diffice or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. Make Check Payable to Department of State Make Check Payable to Department of State 11.					City			FI	Zip Cod	le	
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9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) See criteria on back)	or prio above han	and strike statement to	o parpoor or onlying no	/-g	an amar ar rag		,,				
S. This corporation is eligible to salisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Company Control of State Control o	SIGNATURE	ature, typed or printed name of registered agent and	title if applicable. (NOTI	E: Registere	ed Agent signature reg	uired when re	instating)	DATE			
Tark filing requirement and elects to do so Secriteria on back Sec			1			,					
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indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under date; that I am an officer of director - I		fy that the information supplied with th	is filing does not qualify for			Section	119.07(3)(i), Florida Statutes. I	further cer	tify that the i	nformation	