FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K 76 | 39



FILED Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90055 023 ***150.00

| 1. Entity Nan | DUAL, J | _~C. | | | | 04-02-2003 | ,0033 02. | , , | 130.00 |
|-------------------------------|--|---|---|--|--|--|--|---|---|
| | DO NOT WRITE | | PAC | E | | | | | |
| 2. Principal F | Place of Business 1 SW 474. ST. | 3. Mailing Address | <i>ن</i> 41 | ny ST. | | | | | |
| Suite, Apt. | | Suite, Apt, #, etc. | | | | DO NOT WRITE | IN THIS SPA | ACE | |
| City & Stat | | City & State | FL | | 4. FEI Number | 017522 | 6 | - | Applied For Not Applicable |
| Zip 3314 | Country | Zio 33144 | Count | try | 5. Certificate of | | ┌ \$8 | 3.75 e Requ | Additional |
| J) 1 | | | | | 7. Name and Add | ress of Current R | | <u> </u> | |
| e e e | | | | Name D | الروق الم | 1. Mon | JTER | 2 | · · · · · · · · · · · · · · · · · · · |
| | DO NOT W | RITE | | | P.O. Box Number is | Not Acceptable) | | | |
| | IN THIS SP | | 6461 SW 474 ST. | | | | | | |
| | | | | City MIAA | ⊿¹. | | FL | Zip C | ode v |
| 8. The above | e named entity submits this statement for | the purpose of changing if | ls registere | | | n the State of Florid | | <u> </u> | |
| | tions of registered agent. | | | • | - | | | | |
| SIGNATURE- | Dules M. M. | ule) | | ٦, | ار حق ما | MONTON | 3 | -29 | -03 |
| 1 | Signature, typed or printed name of registered agent a | nd title if applicable. (NO | TE: Registered | Agent signature required | when reinstating) | | DATE | | |
| | nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of | State | | | | on Campaign Finan Fund Contribution. | ncing | | 5.00 May Be ded to Fees |
| 10. | OFFICERS AND I | *************************************** | 6 17 18 57 5 18 | and the state of t | | | A Townson (E. Com | 解钙胞 | |
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12. 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 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 on an attachment with an address, with all other like empowered.

BULCE H. MONTEN SIGNATURE:

3/29/03 Date

Daytime Phone #