## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

K88550 DOCUMENT #

1. Entity Name

PARDON STUDIO, INC.

**FILED** May 08, 2003 8:00 am Secretary of State

05-08-2003 90154 032 \*\*\*150.00

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Principal Plac	ce of Business	S	Mailin	g Address						
3533 NE SECOND AVENUE		5724	5724 N. BAYSHORE DR.							
MIAMI FL 33137		MIAM	MIAMI FL 33137			•				
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2. Principal F	Place of Busin	ness	3. Mai	ling Address					HEALT BIEN BY	ALL BETH 1834
2. Throiper labo of Eddinoss				J. Manny , dos.obs						
Suite, Apt, #, etc.			Suit	Suite, Apt. #, etc.			1 _			
Oute, Apr. #, O.C.			į į	Salto, Apr. III, 615.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number of 0440040		ТТАр	plied For
on, a outo			1 1	Sily a dialo			4. FEI Number 65-0142818			t Applicable
Zip	Country			· · · · · · · · · · · · · · · · · · ·	Country			- \$8	.75 Add	
·	Source						5. Certificate of Status Desired		Required	
6. Name and Address of Current			nt Registere	Registered Agent			7. Name and Address of New Regis	stered Age	nt Town	
			: <u>H</u> ;		Name					
PARDON, SHIRLEY							<u> </u>			
	AYSHORE (	NRIVE		Street Address			P.O. Box Number is Not Acceptable)			
		NU4E			<b> </b>					
MIAMI FL	3313/				1					ŀ
					City		<del></del>	FL	Zip Code	•
			for the purp	ose of changing its	registered office	or registere	ed agent, or both, in the State of Florida	a. I am fami	iliar with, a	and accept
the obligation	tions of regist	ered agent.	_					_		}
SIGNATURE .							4-	<u>30-</u>	20	
SIGNATORE .	Signature typed	or printed name of registered age	ent and title if app	licable. (NOTE	Registered Agent sign	ature required	when reinstating)	DATE		
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		13 Fee will be \$550.00	n				9. Election Campaign Financ			🛭 Мау Ве
							Trust Fund Contribution.		Added	to Fees
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I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PEOLSHERM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-758-<u>582</u>8