Principal Place of Business       Malling Acdress         PRST MANN FANACAL CENTER       SEE SAND         Set Data       Set Sand         2. Principal Place of Business       S. Mairing Address         State Act Felt       State Act Felt         2. Principal Place of Business       State Act Felt         State Act Felt       State Act Felt         2. Principal Place of Business       State Act Felt         State Act Felt       State Act Felt         2. Principal Place of Business       State Act Felt         3. I ST       Operative State Act Felt	DOCU 1. Entity Nar	I UNIFORM BUSI	NESS REPO	ORT (UBR)	FILED Feb 02, 2001 8:00 am Secretary of State 02-02-2001 90259 039 ***150.00
STC: 6.04, Dispect Plaza, Chr.       Ste. 6.04, Dispect Plaza, Chr.       Do Not Write IN This SPACE         Stite, A., If weld:       3.00, A., It weld:       Do Not Write IN This SPACE         Cipy State       County       County       County         3.13 L       Micauni FL       Micauni FL       Applied For         Anni FL       Micauni FL       County       State Alt weld:       Do Not Write IN This SPACE         200       County       3313 L       Micauni FL       A FEI Number Not Not Applied For         3.13 L       Micauni FL       Micauni FL       A FEI Number Not Not Applied For         3.13 L       Micauni FL       A Contract Registered Agent       Nume Address of Now Registered Agent         LARSEN, PAUL W.       Hint Applied For       Steet Address of Now Registered Agent       Nume Address of Now Registered Agent         LARSEN, PAUL W.       Hint Mill FL 33131       Steet Address (For Bas, Number Not Not Applied)       Steet Address (For Bas, Number Not Not Applied)         8GNATURE       Mill Mill FL 33131       Steet Address (For Bas, Number Not Not Applied)       Steet Address (For Bas, Number Not Not Applied)       Steet Address (For Bas, Number Not Not Applied)         1.1       For above namely firsty subgrash statement for the purpose of changing its registered agent, or both, in the State of Parka.       Steet Address (For Bas, Number Not Not Applied)	FIRST UNION FINANCIAL CENTER STE 2940 MIAMI FL 33131		FIRST UNION FINANCIAL CENTER STE 2940 MIAMI FL 33131		
City's State       City's State       L       4. FEI Number       Applied For         Zip       20       20       20       20       5. Certificate of Status Desiver       \$87.75 Additional Pres Required         A Status       Maximum       20       331.3 I       Country       6. Certificate of Status Desiver       \$87.75 Additional Pres Required         I ARSEN, PAUL W.       Maximum       Paul Mark       5. Certificate of Status Desiver       \$87.75 Additional Pres Required         I ARSEN, PAUL W.       First UNION FINANCUL CENTER       State 6.04       Dup and T. Plaz A. Chr.         State Sea0       MAMI FL 33131       State 6.04       Dup and T. Plaz A. Chr.         State Sea0       State A. Chr.       State 6.04       Dup and T. Plaz A. Chr.         State Sea0       State A. Chr.       State 6.04       Dup and T. Plaz A. Chr.         State Sea0       MAMI FL 33131       State 6.04       Dup and T. Plaz A. Chr.         State Sea0       MAMI FL 33131       Date Mark 1.20       Date Mark 1.20       Date Mark 1.20         State Area de status free de status free provide status free registered agont, or both, in the State of Forda.       1/25/0/1       Date Mark 1.20         State Area de status free de status free registered agont free registered agont, or both, in the State of Forda.       1/25/0/1       Date Mark 1.2	Ste 60 Suite, Apt	4. Dupont Plaza Ctr	Ste 604, Dupn Suite, Apt. #, etc.		
29       The advance Darket of Starts 1       Country       Starts Part of Starts Darket of Starts Da	City & Star	te	City & State	Blud. Way FL	
LARSEN, PAUL W.       Name       Street Address (P d ex Addre		31 Miami-Dade	2ip 33131		E Fee Required
A. The above name initive subreschild statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     Advance in the statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     Advance in the statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     Advance in the statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     Advance in the statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     Advance in the statement for the purpose of changing its registared agent, or both, in the State of Florida.     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     SIGNATURE     OFFICENS AND DIFFECTORS     SIGNATURE     OFFICENS	FIRST UNION FINANCIAL CENTER STE 2940			Stee 60	en, PanlW ss (P.O. Box Number is Not Acceptable) 04, Dupont Plaza Ctu
Tax filing requirement and elects to do so. (See criteria on back)       After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$55.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         ITTLE       P       Ittle       Added to Fees         ITTLE       P       Ittle       Addition         ITTLE       Ittle       Ittle       Addition         ITTLE       Ittle       Ittle       Ittle       Ittle         ITTLE       Ittle       Ittle       Ittle       Ittle         ITTLE       Ittle       Ittle       Ittle       Ittle         ITTLE       Ittle       Ittle       Ittle       Ittle       Ittle         ITTLE       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle       Ittle		1 an Manam	PAUL W. LA	registered office or regist	stered agent, or both, in the State of Florida. $\frac{1}{25}/01$
ITTLE INVESTIGATION OF CONTRACTOR AND INCLOSED TO CONTRACTOR AND INCLOSES AND INCLOSE	Tax filing i	requirement and elects to do so.	After MAY 1, 200	01 Fee will be \$550.00	Trust Fund Contribution
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3. 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 that my signature shall have the same legal effect as if made under oath; that I am an officer or director	ame Treet address Ty-st-zip			NAME STREET ADDRESS CITY-ST-ZIP	
of the corporation of the receiver of trustee propowered 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:			his filing does not qualify for t ue and accurate and that my erea to execute this report a mall other like empowered.	-	