1. Entity Nam		# K93863 UP, INC.		•			Jan Se	FI 17, 2 creta	LED 001 8 ry of	8:00	am te	
Principal Plac 19955 NE 38TH 2106 AVENTURA FL	CT	s	Mailing Address 19955 NE 38TH CT 2106 AVENTURA FL 33180	· · · · · · · · · · · · · · · · · · ·				1-17-2001 90				
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	65-0129185	5		plied For t Applicable	
Zip	1	Country	Zip Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
س چاروپوس	6Name	and Address of Current R	egistered Agent	-	Name	7. 1	Name and Ad	dress of New R	legistered A	gent		
1995	EN, ELAINE 5 NE 38TH				dress (P.O. E	Box Number is	Not Acceptable	3)				
APT 2106 AVENTURA FL 33180				<u></u>								
					City				FL	Zip Cod	e 	
8. The above	named entit	y submits this statement for t	the purpose of changing its	register	ed office or re	egistered ag	gent, or both, in	the State of Fig	orida.			
SIGNATURE .	Signature, typad	or printed name of registered agent and	d title if applicable. (NOTE	Registere	d Agent signature	required when r	einstating)		DATE			
Tax filing i		ible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$55	0.00	3	n Campaign Fin und Contributio		\$5.0 Added	0 May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.		AE	DDITIONS/CH	ANGES TO OFF	ICERS AND I	DIRECTORS		
TITLE NAME	PD Green, G	SEORGE	☐ Delete	TITLI NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	19955 NE	38TH CT APT 2106 A FL 33180		STRE	ET ADDRESS -ST-ZIP							
TITLE	VPD		☐ Delete	TITL						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GREEN, E				EET ADDRESS						}	
-TITLE	AVENIUR	A FL 33100	Delete	וווו						☐ Change	Addition.	
NAME STREET ADDRESS CITY-ST-ZIP					eet address -st-zip			7 —				
TITLE			☐ Delete	τιτυ						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					E EET ADDRESS -ST-ZIP							
TITLE NAME			☐ Delete	TITLI						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADDRESS -ST-ZIP							
TIYLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ					Change	☐ Addition	
indicated of the cor	on this report poration or the	e information supplied with the rt or supplemental report is the receiver or trustee empowachment with ap address, with the receiver or trustee empowachment with ap address, with the receiver of the receive	rue and accurate and that no rered to execute this report that other like empowered.	ny signa as requi	ture shall hav red by Chapt	ve the same ter 607, Flor	legal effect as ida Statutes; a	if made under o	oath; that I ar e appears in	n an officer	or director Block 12 if	
SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLACE U) 1/5/3 to / 937-04 PS												