2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT:			KI (UB	<u>'''</u>	-	p.e.				
1. Entity Name	# P				-	יוו בט				
		FILED OI APR -5 PM 4: 09 SECRETARY OF STATE TALL AHASSEE. FLORIDA SECRETARY OF STATE TALL AHASSEE. FLORIDA APPAIDED ONOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE APPAIDED ON Additional Fee Required Street Adjaces of Status Desired File Required Nome Text Street Adjaces of Status Desired File Required Nome Text Street Adjaces of Status Desired File Required Nome File Required Text Street Adjaces of Status Desired File Required Nome File Required Text Street Adjaces of Status Desired File Required Nome File Required Text Street Adjaces of Status Desired File Required Text Street Adjaces of Status Desired File Required Text Street Adjaces of Now Registered Agant Text Tex								
Principal Place of Business	NA:	Mailing Address SAME SECRETARY OF STATE TALLAHASSEE. FLORIDA SUND Apt. 4, etc. DO NOTWENTE IN THIS SPACE CRY & State A. FEI Number SS. OF STATE Not Applicable ST. Mame and Address of New Registered Agent Not Applicable To Name and Address of New Registered Agent Not Applicable Structer Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Oracle Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable Structure Agent T. Mame and Address of New Registered Agent Not Acceptable The Zip Code Oracle Structure Agent T. Mame and Address of New Registered Agent Address of File Registered Agent Structure Agent The Address of File Registered Agent Application The Address of File Registered Agent Application The Address of File Registered Agent The Address of								
1984 SW Biltmoreest Same					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
P+S+ Lucie	FL34984				,					
1984 SW BILTMORE ST										
Suite, Apt. #, etc. STE 102					DO NOT WRITE IN THIS SPACE _					
PTST Lucio		ity & State								
^{Zip} 34984	St Lucie 2	ip	Country	5.	. Certificate of S	Status Desired	\$5.00 Fee Re) Addition	onal	
	nd Address of Current Regist		Name	7.	Name and Ad	dress of New Re	gistered Agent			
JAMES				Address 60	Double as in	N1-4 A - - -				
443 8	SE EVERGER	een leet	Street		Box Number is	Not Acceptable)				
	Lucie Pl		ļ	• •		<u> </u>	FL Zip	Code		
8. The above named entity s	submits this statement for the pr	urpose of changing its	registered office of	or registered a	gent, or both, in	the State of Flori	ida.			
SIGNATURE Signature, typed or	P. Macdonal printed name of registered agent and title if	applicable.	: Registered Agent signa	ature required when	reinstating)		3-14 DATE	-0	<u> </u>	
		FILE NO	WIII FEE IS	\$50.00	<u>. 60</u>		00941	6-	5	
•			yable to Depart	tment of Sta	ate					
9. TITLE Preside	MANAGING MEMBERS/M			Miga N	Disasida			nno 1	Addition	
NAME Am	¿ D Macdonai	d	NAME	YICE	162 1770 6162106	other D			* Addition	
CITY-ST-ZIP DAYS 1- ST	E Evergreen 19	27V 4023	•	438	Nativ	1+4 Ter	-Υ			
TITLE Secreto	iry Treasurer	☐ Delete		47-5	5 17. COC	10,1-1	Cha	nge [Addition	
STREET ADDRESS 443 56	ria coonard E Evergreen Te	rr								
CITY-ST-ZIP PORTS	T LUCIE, F13		╉───	<u> </u>			Cho.		Addition	
NAME		. Delete		•			∐ Glid	iige [- Addition	
STREET ADDRESS CITY-ST-ZIP	· .									
TITLE		☐ Delete					☐ Chai	nge [Addition	
NAME -STREET ADDRESS	- بيزوروسينهاية « دريمي		- STREET ADDRESS							
TITLE		□ Delete		<u> </u>		 -		nge [Addition	
NAME STREET ADDRESS		•			·					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	· 								
TITLE NAME		☐ Delete	4				Chan	ge [Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP 11. I hereby certify that the in	formation supplied with this filir	ng does not qualify for t	the exemption stat	ted in Section	119.07(3)(i) Flo	orida Statutes I fi	urther certify that the	ne infor	mation	
indicated on this report is	s true and accurate and that my or the receiver octrustee empoy	signature shall have th	ne same legal effe	ct as if made u	under oath: that	i I am a managin	g member or man	ager of	the	
SIGNATURE: SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING	MANAGING MEMBER, MANA	GER, OR AUTHORIZED	REPRESENTATIV	3-	14-01 F	561-340 Daytime Phon	-13	43	