2001 UNIFORM BUSINESS REPO	PRT	(UBR
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				•	_	01 JAN 22 P	M 3:40		
Principal Place of Business Mailing Address			uute a			SECRETARY OF	STATE		
7148 TAMIAMI TRAIL. SUITE 2 7148 TAMIAMI TRAIL. SUIT MIAMI FL 33144 MIAMI FL 33144		UIIC Z			TALLAHASSEE, F				
<b>6</b> D:									
2. Principal Place of Business 3. Mailin		3. Mailing Address	Mailing Address			I ISBRIJAH DIL BUHA DEHA BUHA BUHA BUHA JUKA	\$\$111 <b>03</b> 110 <b>0</b> 110) 110 <b>0</b>	i (11881 184) 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For				
Zip	Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired	\$5.00 Ad Fee Require		]
	6. Name and Address of Current	t Registered Agent			7. Nam	e and Address of New Register			
DICHS E	:DWADD			Name					
PICHS, EDWARD 7148 TAMIAMI TRAIL, SUITE 2 MIAMI FL 33144			Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of changing its	s register	ed office or registe	red agent,	or both, in the State of Florida.			
SIGNATURE .	. Signature, typed or printed name of registered agent	and title if pentianhla (NO	TE. Danishan	d Agent signature require			<del></del>		
	organization, typed or printed name or registered again.					Ing)	TE		1
		FILE N Make Check Pa		FEE IS \$50.00 o Department o					
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHAN	GES	•	
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indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	i legal ettect as it r	nade under	oath, that I am a managing mai	certity that the ir mber or manage	normation r of the	
			tear e			//	1		
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MA	NAGER, OR	) AUTHORIZED REPRESE	NTATIVE /	12/01 (305-)	264-63 Daytime Phone #	15/	: