2001 l	UNIFORM	BUSINESS	REPORT ((UBR)
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	. O		111 (0011)	<u> </u>		
DOCU	MENT # L0100000	0362	يام سيد —			
1	W OFFICE OF TIM M	FILED				
·		OI FEB 23 AM 9: 02				
	ce of Business s. HYDG PARK	_	ma)			
	PA FL. 336		60	SECRETARY OF STATE TALLAHASSEE.FLORIDA		
2. Principal	Place of Business Park AVE	3. Mailing Address				
Suite, Apt. #, etc. SUITE 250 Swife, Apt. Fetc.				DO NOT WRITE IN THIS SPACE		
City & Sta		· City & State		4. FEI Number 59-3684800	<u> </u>	oplied For ot Applicable
336-	Country	Zip	Country	5 Certificate of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	Agent	
!	im moran 300 s. Hyd	E BARK A.		ss (P.O. Box Number is Not Acceptable)		
	T 250				<u> </u>	<u> </u>
	TAMPA FL.	33606	City	FL	Zip Cod	le
8. The above	e named entity submits this statement for	r the purpose of changing its r	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signature requ	uired when reinstating) DATE		
			W!!! FEE IS \$50.0			
			able to Departmen	the contract of the contract o	~	
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES		
TITLE NAME	MANAGER Tim MOLA	☐ Delete	TITLE NAME	1000027020	Change	Addition
STREET ADDRESS CITY-ST-ZIP	300 S. Hyde	Park Ave.	STREET ADDRESS CITY-ST-ZIP	1000037829 -02/27/0101	0890	18
TITLE	TAMPA Fu	3364 Delete	TITLE		★非法法 Change	Addition
NAME	}		NAME	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE '		☐ Delete	TITLE NAME	A /	☐ Change	Addition
STREET ADDRESS			STREET ADDRESS	<i>)</i> {Y		
CITY-ST-ZIP TITLE	 	Delete	CITY-ST-ZIP	······································	☐ Change	Addition
NAME		ri neiete	NAME			☐ Wadillou
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	-		
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS .			
11. I hereby	certify that the information supplied with	this filling does not qualify for t	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further cert	ify that the in	formation
indicated	on this report is true and accurate and t bility company or the receiver or trustee	that my signature shall have th	ne same legal effect as i	if made under oath; that I am a managing member	or manage	r of the
SIGNAT	Ti /	4_	Tia V	MORAN 20 Feb. 2	200	,

813. 253-3277