FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # L 0100000 6001 1. Entity Name

Dags 071-11- 110



## Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90039 004 \*\*\*150.00

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	DO NOT WRITE	IN THIS S	SPACE		<u>.</u> .	
2. Principal F 1809	Place of Business O Collins avenue	3. Mailing Address	Ilins aver	140		
Suite, Apt.		Suite, Apt. #_etc. T- 15			DO NOT WRITE IN	
Sunny	Isles Beach	Sunny Is/	es Beach	4. F 3	6 - 443 <i>66</i> 83	Applied For Not Applicable
33 16	O USA	33160	Country USA			\$8.75 Additional Fee Required
			Name	7. Nar	ne and Address of Current Reg	istered Agent
	DO NOT W	PITE		BOSIS		
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Street Address (PO B#x Number is Not Acceptable)			
	IN THIS SP	ACE .		T-	15	
				unnyJ	sles Beach	FL 33760
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing	its registered office or	registered age	nt, or both, in the State of Florida	. I am familiar with, and accept
	7 /				-41.	/2003
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (f	NOTE: Registered Agent signate	are required when rein	nstating)	DATE
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			Election Campaign Financi Trust Fund Contributíon.	sing \$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	Laling Hills In the	ときまる知道は		
TITLE NAME	MGKM.		TITLE			
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TITLE		<del></del>	ATTILE MANAGEMENT			
NAME			NAME CONTRACTOR	The second second		一下一种地位 一一一日 在城市 一 明祖教育中的
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS	· 李春年	E TOTAL TAKE A	THE PROPERTY OF THE PARTY OF TH
12. I hereby	certify that the information supplied with	this filing does not qualify	for the exemption stat	ed in Section 1	19.07(3)(i), Florida Statutes. I furt	her certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR