## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 02, 2002 8:00 am Secretary of State

DOCUMENT # 2 0 1 0 000 10 351  1. Entity Name				04-02-2002 90966 009 ***150.00	
CUVE, LCC				¢:	
<b>\</b>					
DO NOT WRITE IN THIS SPACE				~	
2. Principal Pl	ace of Business	3. Mailing Address			
479 TURTLE CIRCLE 479 TURTLE			e Circie		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	Applied For
SATELLI	TE BEACH FL	SATELLITE	BEACH, EL	59-3730459	Not Applicable
<sup>Zip</sup> 329	37 USA	32937	454	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			No.	7. Name and Address of Current Registered	Agent
470			P.O. Box Number is Not Acceptable)  TURTLE CIRCLE		
					IN THIS SPACE
			City	.iz. Beaca FL	Zip Code 32637
			JATEL	CITE CRIMEN -	32937
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Surface, typed or protect income of registered agent and use if applicable. (NOTE: Registered Agent signature required when remissions).  ONTE					
9. This corporation is ellgible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    January   jany   Fee is \$130 to   After ling 1. Fee is \$530.00     Amended UBR is \$57.25     Make Clock Payable to Department of State					
Tax filing re	equirement and elects to do so.	Section States May	1 Fee in \$550.00	10, Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing re (See criter)	equirement and elects to do so. a on back)  OFFICERS AND I	After Hay Amende Make Chack Payab DIRECTORS	1: Fee in \$559.00 DUBR is \$67.25 He to Department of Su	10. Election Campaign Financing Trust Fund Contribution.	
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lames A. Hollis Executive Manager

3/22/02 32/-219-044Z