2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **L02000001899**

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Sep 04, 2003 8:00 am Secretary of State 09-04-2003 90037 014 ****50.00

FILED

1. Entity Name Principal Place of Business Mailing Address 920 38TH AVE. N.E. 920 38TH AVE. N.E. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704

| | | | | | <u> </u> | () 6878 () 68 (811 8) | | |
|-------------------------------|---|------------------------------------|-------------------|--|--|--|--------------------------|---|
| −2.−Principal·f ໍ່ມີໄປຕ | Place of Business—————————————————————————————————— | 3. Mailing Address TO Accome North | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | THECK HERE IF MAKING CHANGES | | | |
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| City & Sta | Best FL | Sity & State ST, Petersburg FC | | | 4. FEI Number 0.0 2983. | | pplied For ot Applicable | |
| Zip | Country | Zip | Country | , _ _ | | \$5.00 Add | | l |
| _ දිහි | 101 USA | 33701 | US | <u>,A.</u> | 5. Certificate of Status Desired | Fee Require | | l |
| | 6. Name and Address of Current R | egistered Agent | | 1 | 7. Name and Address of New Register | ed Agent | | İ |
| SIRA | AGUSA, PAUL | • | - N | lame | make an income of the control of the | | | |
| | 38TH AVE. N.E. | | S | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ST. | PETERSBURG FL 33704 | - 1 | | | , and | | | l |
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| Age 11 - Age | (1) | | | ity | · | Zip Cod | e | l |
| | | the purpose of changing its | registered o | ffice or register | ed agent, or both, in the State of Florida. I | am familiar with, | and accept | l |
| ijie obliga | tions of registered agent. | | | | est. | -62 | | l |
| SIGNATURE | Signature, typed or planted traine of registered agent an | d title if applicable. (NOTI | E: Registered Age | ent signature required | when reinstating) DA | 19/03 TE | | |
| | * | | | IS \$50.00 | | | | |
| و معتب | | Make Check Payabl | | | nt-of State | - | | |
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| 9. | MANAGING MEMBER | S/MANAGERS | 10. | | ADDITIONS/CHANG | GES | | |
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111.5 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daytime Phone #