FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L

FILED May 07, 2002 8:00 am Secretary of State

05-07-2002 90238 014 ***150.00

MINDY M, FUC.	7	
DO NOT WRITE IN THIS SPACE		
3. Maingraddress 3. Maingraddress Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
HAJIAMALE FLORIDA HAJIAMALE Country A Zin 33008	FORIDA Country S A	4. FEI Number 65 - 0/50707 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional
DO_NOT_WRITE	Name Name Street Address	7. Name and Address of Current Registered Agent P.O. Bol Number is Not Acceptable):
IN THIS SPACE	43760 dity HA//	IDENISES DEVE SUITE 14B
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of Stat	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS TOTLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE TO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
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NAME STREET ADDRESS CITY-ST-ZIP	NAME Street Address City-St-Zip	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 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:

MANY MISTER SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING O

4/22/02

154-559-4620

Daytime Phone #