PT 12 PATE

2003 FOR PROFIT CORPORATION

				FILED	
1. Entity Nam	MENT # L2525 LINS CORP.			O3 AUG - 6 AM 8 SECRETARY OF ST. TALLAHASSEE FLOR	-
	ce of Business	Mailing Address		" "CERTAGORE FLOR	RIDĀ
1130 WASHIN	IGTON AVE	1130 WASHINGTON AVE			
4TH FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					
US BEACH	1 FL 33139	US BEACH FL 33139			
2. Principal Place of Business 3. Mailing Address					lli dibil dibil dibil dibil dibil
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State		4. FEI Number 65-0161793	Applied For
				ور ودهمد د وو حملهم حم المداهم المداهم المداهم	Not Applicable
Zip	Country	Zip	Country		8.75 Additional ee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	gent
Name					
SALAND, ROBERT, F				(P.O. Box Number is Not Acceptable)	
	SHINGTON AVE			_ 	
4TH FLOO		,			
MIAMI BE	ACH FL 33139		City	FL	Zip Code
8 The above	a named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fa	I amiliar with, and accept
	tions of registered agent.	The perpose of changing in	registered stilled or regis	Stored agorit, or both, in the clase of Fished. Familia	and all all all all all all all all all al
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	E: Registered Agent signature req	uired when reinstating) DATE	
	FILE NOW!!! FEE IS \$550,00				
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ລ After Se	ptember 10, 2003 Fee will be \$750	.00		9. Election Campaign Financing	\$5.00 May Be
After Se		.00 f State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
After Se Make Check 10.	ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of OFFICERS AND	State	11.		Added to Fees
Make Check 10. HILE	ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of OFFICERS AND	State	TITLE	Trust Fund Contribution.	Added to Fees DIRECTORS IN 11 Change Addition
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12. 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 of 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 Block 11 if changed, or on an attachment that an address, with all other like empowered.

SIGNATURE: