## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # L27328**

1. Entity Name

AWNCLE	AN INC.	03-19-2001 90461	002				
Principal Plac % FREDERICK 470 NE 121ST BISCAYNE PAR US	DIEHL St	Mailing Address % FREDERICK DIEHL 470 NE 121 ST. BISCAYNE PARK FL 33161 US		1 MERIADA MININA MENDA MUNTA MENDA MANDA MENDA			
2. Principal P	ace of Business	3. Mailing Address			DO NOT WRITE IN THIS SP.		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	DO NOT WRITE IN TI			
City & State		City & State		4. FEI Number 65-0153131			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$ Fe		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	red Ag		
470	L, FREDERICK NE 121ST ST. AYNE PARK FL 33161		Street A	ddress (P.O. Box Number is Not Acceptable)			
8. The above				registered agent, or both, in the State of Florida.	FL		
,	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating) DA	ATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!! After MAY 1, 200 Make Check Payabl	•	550.00 Trust Fund Contribution	10. Election Campaign Financing Trust Fund Contribution.		
11.	OFFICERS AND	<del></del>	12.	ADDITIONS/CHANGES TO OFFICERS	AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIEHL, FREDERICK 470 NE 121ST ST. BISCAYNE PARK FI	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		[		

## FILED Mar 19, 2001 8:00 am Secretary of State

\*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	4. FEI Number 65-0153131		oplied For ot Applicable			
Zip		Country	Zip	Country	• • •	Certificate of Status Desired	<b>\$8.75</b> Add Fee Require			
	6. Name	and Address of Current R	egistered Agent		7.	Name and Address of New Registe	ered Agent			
DIEHL, FREDERICK 470 NE 121ST ST. BISCAYNE PARK FL 33161								ļ		
					Street Address (P.O. Box Number is Not Acceptable)					
					·					
					City FL Zip Code					
8. The above	named entity	y submits this statement for	the purpose of changing its r	egistered office or	registered ag	gent, or both, in the State of Florida.				
SIGNATURE _	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signate	re required when r	einstating) D	ATE			
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	-	ible to satisfy its Intangible	i	! FEE IS \$150.		10. Election Campaign Financing		O May Be		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of S			Trust Fund Contribution.	☐ Added	to Fees		
11.		OFFICERS AND D		12.		L DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11		
TITLE	DP	OFFICENS AND D	Delete	TITLE		DITIONS/CHANGES TO OFFICERS	☐ Change	Addition		
NAME	DIEHL, FF	REDERICK	LT Delete	NAME			[ Gridingo	Addition		
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13. I hereby c indicated	ertify that the on this repo	e information supplied with t it or supplemental report is t	his filing does not qualify for i rue and accurate and that m	he exemption stat y signature shall h	ed in Section- ave the same	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the	er certify that the in nat I am an officer	nformation or director		

of the corporation or the rece changed, or on an attachmen

SIGNATURE: