## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L27328 **DOCUMENT #**



**FILED** Jan 09, 2003 8:00 am Secretary of State

AWNCLE									01-09-2003	3 90114 0	24 ***15	0.00
% FREDERIC 470 NE 1215 BISCAYNE P US	ST ST PARK FL 33161	% FR 470 N BISC US										
2. Principal I	Place of Busine	·SS	3. Mai	3. Mailing Address						MB1 INIC AIMEN DI	AN BIBIN BIBIN	ALBIT APRES 1885
Suite, Apt			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	nte		City	City & State				4. FEi Number 65-0153131 Applied For Not Applica			pplied For ot Applicable	
Zip		Country	Zip		Coun	ountry		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Curren			ent Registere	t Registered Agent				7. Name and Address of New Registered Agent				
DIFUIL CONTROLL						Name						
DIEHL, FREDERICK 470 NE 121ST ST.						Street Address (P.O. Box Number is Not Acceptable)						
BISCAYNE PARK FL 33161												
•								Zip Code				
8. The above	e named entity s	submits this statemen	t for the purpe	ose of changing its	registere	ed office or r	egistered	d agent, or both, i	n the State of Flo	orida. I am fa	amiliar with,	and accept
_	itions of register	///////	Va	F Die	-, , ,		<i>~</i> - \	-	T	,		
SIGNATURE	Signature, typed or	printed name of registered ag	ERICK pent and title if appl			Agent signature	31DE e required w		ANUI	DATE	2003	<del>}</del>
F	ILE NOW!!!	FEE IS \$150.00						0 51	- O			
		Fee will be \$550.0 Florida Department							on Campaign Fir Fund Contribution		<b>\$5.0</b> Added	May Be to Fees
10.	1	OFFICERS AN	ND DIRECTOR	RS	11.			ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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12. Thereby c	ertify that the in	formation supplied w	ith this filing s	loop not qualify for	the augus		1:- 0	440 07(0)(1) 51				

r nereby 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 employered 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 with an address with all other like empowered.

SIGNATURE: