FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

					y or State
DOCUME	NT#	85 106	,		236 019 ***150.00
4 Entity Name		_	. /		
Λ1.	TALOX, J	7.50	\lor		
1412	: //d/ ** ** **	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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DO NOT WRITE IN THIS SPACE					
2. Principal Place o	of Physiness 1	3. Majlipg Address	7020/20 2	1,211	
24/05	DIVISION /406	1260/	12 m/ c1. N		an ac
Suite, Apt. #, etc	. ,	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
, City & State	^ /	City & State	7	4. FEI Number	Applied For
121651 1	ALM OSCALIO FL	West Warm	134191,6L	65-0103/61	Not Applicable
ZP0/4.7			Phum Bush	5. Certificate of Status Desired	\$8.75 Additional
3390/	Paum Bushy	33972	ONUM WAR	7. Name and Address of Current Registers	Fee Required
			Name	7. Raine and Address of Carteria Regional	<u> </u>
	DO NOT W	DITE	(LU	nee BENKLY	
			Street Addres	s (P.O. Box Number is Not Acceptable)	MIH
	IN THIS SP	ACE	7201		
			<u> </u>		Zin Ceden
			City W	31 GAIM BLACK FI	- 33416
8. The above name	ed entity submits this statement lo	The purpose of changing is	registered office or regis	tered agent, or both, in the State of Florida.	
	. >		3/		
SIGNATURE	CLALL VIWILLY			red who coinstating) DATE	· · · · · · · · · · · · · · · · · · ·
Signate	ure, typed or printed name of registered agent a		IL: Registered Agent urgenture req u	ted was designed ONL	···
9. This corporation	n is eligible to satisfy its Intangible	January 1 - 8	May 1 Fee is \$150.00 /1 Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
	ement and elects to do so.	Amende	ed UDR is \$61.25	Trade and Control	Added to Fees
(See criteria on	1.		ble to Department of S	tate	
11.	OFFICERS AND	DIRECTORS	1131.5	10.00	3)
TITLE NAME	UNISINENT BUKI	4	NAME:		12/0
STREET ADDRESS	12/60 1200/	1 Neazet	STREET ACKRESS		B (
CITY-ST-ZIP	West Boin	Since 4 334	7/ Post 51 70		CR2E034B (12/01)
TITLE	116 Prisincy	1	mr.		RZE
NAME Z	HA157126 16	WKLY	KAUE		O
STREET ADDRESS	2667 1200 6	200 1 224	STREET AIRMESS CITY-ST-78P	Committee of the Committee of	
CITY-ST-ZIP	Nest our	WMM H JJ 1			
NAME	JASUN ISWAY	1 See / Inai	DS EDSE		
STREET ADDRESS	11661 7/7	BINN, 4 334	STREET ADDRESS	DO NOT WE	TE
CRY-ST-ZIP	Was vous	BLAND, G 5-9	CITY-SI-ZIP	DO NOT WR	II L
TITLE	SU / THAS		THE	IN THIS SPA	CF
NAME	ALEXIS BUNIL	et wert	NAME STREET ADDRESS	na arme early	•
STREET ADDRESS CITY-ST-ZIP	12669 7200	CT WATH	C#Y 51-2#		
	Will Alla	BLOWN 1.	rn.		
TITLE 6	rust graces	mul	O RAME		
STREET ADDRESS		33416	STREET ADDRESS.	Apple to the second	
CITY-ST-ZIP			CHY-ST-2#		
TITLE			11/L	Constitution of Contract Contract	
NAME			MARK.		
STREET ADDRESS			STREET ADDRESS CITY SS 7PF	27 S \$40 S \$40 S \$40 S \$40 S	
CITY-ST-ZIP.	and the state of t	this films done not ounline for	the exemption stated in	Section 119 07(3)(i) Florida Statutes Liurther co	ertify that the information
13. Thereby 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 a					
of the corporat	no report or suppression and			TRAT Clarid Chateders and that my name announce	
	tion or the receiver or trustee emp th an address, with all other like en	owered to execute this repo	or as required by Chapte	7 607. Florida Stellules; and that my name appea	ars in Biock 11 or on an
SIGNATUR	th an address, with all other like en	owered to execute this repo	ort as required by Chapte	7 007 Florian Sentutes; and that my name appear	LI/26/10