2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUI 1. Entity Name	MENT # 190190	•	.#		_	Secréta	ry of	S:00 an	
142	ezo's Circle N	lews, Inc.		(B)			05-23-2001	91193 017	***150.00
Principal Place	of Business	Mailing Address							
1700 E. Young Circle									
	lywood, Morida								
2. Principal PLice of Business		3. Mailing Address				75807			7
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State	······································	8	FEI Number Applied For Not Applicable				
Zip Country		Zip Co		untry		Certificate of Status	Desired	\$8.75 A	
• •	+ 6. Name and Address of Current Re	gistered Agent		==	7	Name and Address	of New Register		
Viren Patel				Name	<u> </u>				
1700 E. Young arche				Street Address (P.O. Box Number is Not Acceptable)					
1/00 C. 70016 Chare									
Hollywood, Horida 33020				City	City FL Zip Co				de
8. The above r	amed entity submits this statement for the	ne purpose of changing its	egister	ed office or r	egistered ag	jent, or both, in the S	tate of Florida.		
SIGNATURE	gnature, typed or printed name of registered agent and	title of applicable (NOT)	Recristere	d Agent skunstun	s required when s	oinstating)	لر/،	(2/e)	
_ · · · ·	ation is eligible to satisfy its Intangible	FILE NOW	7 213			T			
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	After MAY 1, 20 1, Fee will Make Check Payab e to Depa		i0.00	tate Hust Fullo Collabotation. — Added to Fees			
11.	OFFICERS AND DII		12.		AC	DITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR Change	
NAME STREET ADDRESS	700 E. Young Circle	☐ Delete	n -					. Change	CRZE034 (11/00)
ATTLE	Hillywood, Maring	☐ Delete	TITLE	 +				☐ Change	Addition 8
NAME STREET ADDRESS CITY-ST-ZIP	Jiven Patel 100 E. Young Circle Hollewood Florida	. *	NAME STREE						
inte -		☐ Defete	ΠILE			·	•	☐ Change	Addition
NAME STREET ADDRESS		-	NAME	ET ADDRESS		•			
CITY-ST-ZIP	, ;		H	ST-ZIP	· · · · · · · ·			·	
TITLE		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS			NAME	ET ADORESS					
CITY-SI-ZIP			· H	ST-ZIP					
IITLE		☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS		•	NAME	T ADDRESS					
CITY-ST-ZIP			41	ST-ZIP		•			
ITLE		☐ Delete	IITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	•		NAME STREE	T ADDRÉSS					
CITY-ST-ZIP			2	ST-ZIP					
13. I hereby cer indicated or of the corpo changed, or	tify that the information supplied with this this report or supplemental reports trustation or the receiver or trustee end ower on an attachment with an active stight.	s filing does not qualify for le and accurate and that n / red to execute this report a sail other like empowered.	ne exen signatu require	nption stated are shall have ad by Chapt	d in Section 1 e the same li er 607, Florid	19.07(3)(i), Florida S egal effect as if mad da Statutes; and that	statutes. I further of e under oath; that my name appears	ertify that the in an officer in Block 11 or	nformation or director Block 12 if