## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Nam SWANTE	е	00000898		FILE		2
Principal Place of Business  6682 NW 16TH TERRACE FORT LAUDERDALE FL 33309  Mailing Address  6682 NW 16TH TERRACE FORT LAUDERDALE FL 33309			3309	O1 APR 27 PM II: 29  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business     Suite, Apt. #, etc.     Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		City & State	4. FEI Number CF 0040704 Applie		pplied For	
Zip	Country  6. Name and Address of Curre	Zip	Country	Certificate of Status Desire     Name and Address of Ne	d S5.00 Ac	Iditional
CARPENTER, JOSEPH E 6682 NW 16TH TERRACE FORT LAUDERDALE FL 33309  8. The above named entity submits this statement for the purpose of changing its r			City	ss (P.O. Box Number is Not Accepte	FL Zip Coo	de
SIGNATURE _	Signatu	,FILE N	Hegistered Agent signature requirements of the second seco	00 It of State	DATE	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEN MGRM RODRIGUEZ, RAMON A 7080 NW 4TH STREET PLANTATION FL 33317	MBERS/MEMBERS  Delete	10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ADDITIO	NS/CHANGES Change	Addition   Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLA, LUIS 6830 NW 16TH TERRACE FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ Change 14218205 /15/01-01116- ****50.00 ****	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLA, ANA 6830 NW 16 TERRACE FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROMBET, LTD. 7080 NW 4TH STREET PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARPENTER TECHNOLOGY PARTNERS, INC. 6682 NW 16 TERRACE FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS [ CITY-ST-ZIP	MGRM LPS CAPITAL, INC. C/O 110 S.E. 6TH STREET, 19 FORT LAUDERDALE FL 33301	<u></u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition
11. I hereby of indicated	ertify that the information supplied von this report is true and accurate a	with this filing does not qualify found that my signature shall have	the exemption stated in the same legal effect as	n Section 119.07(3)(i), Florida Statut if made under oath; that I am a ma napter 608. Florida Statutes	es. I further certify that the maging member or manag	information per of the

Consponent, In Jassel of 2 1/01

IZED REPRESENTATIVE Date Date