2000 UNIFORM BUSINESS REPORT (UBR)

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rincipai Piac i ūi5 N.W. 46	ce of Business STREET	S	Mailing Address 7045 N.W. 46 STREET							
WAMI FL 331			MIAMI FL 33166-5605							
. Principal P	Place of Busin	ess	3. Mailing Address		<u></u> ∭					
Suite, Apt. #, etc.		Suite Apt. #, etc.			DO NOT WRITE		·E			
Suite, Apt.	#, etc. ·	•	Suite, Apr. #, etc.			DONO! WHITE	IN THIS SPAC			_
City & Stat	te		City & State		4. FEI Num	65-0867651		 	lied For Applicable	
Zip		Country	Zip	Country	5 Certificat	e of Status Desired		00 Additi		
	6 Name	and Address of Current	Registered Agent			d Address of New Re	- Fee I	Required t		-
	O. Halle	Tana Address of Carroin	Tieglatered Agent	Name			,			
GRAY, RICHARD V ESQ.			Street Addre	ess (P.O. Box Numi	per is Not Acceptable)					
	EUNE RUAL IABLES FL 3	D, SUITE 405	. •	<u> </u>						
OUINE G		2010-7	*	City				Zip Code		$\left\{ \right.$
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i. The above				its registered office or reg		oth, in the State of Flori				
		y submits this statement for or printed name of registered agent	and title if applicable. (No	its registered office or reg	equired when reinstating)	oth, in the State of Flori	da.			
			and title if applicable. (No	its registered office or region of the registered Agent signature re	equired when reinstating)	oth, in the State of Flori	da.			
		or printed name of registered agent	and title if applicable. (No. FILE I Make Check I	its registered office or region of the registered Agent signature re	equired when reinstating)		da.			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER