2001 UNĮ	FORM	BUSINESS	REPORT	(UBR)
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Principal Place of Business 3. Mailing Address						· · · · · · · · · · · · · · · · · · ·	_				
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	6. Name	and Address of Curr	ent Regist	ered Agent		Name	7. Nam	e and Address of New Regi	stered Ag	ent-	
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	SABLES FL										
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e. The above	nameo eniii	y submits this statemen	nt for the pt	urpose or changing its	register	ea office or regis	siered agenii,	or both, in the State of Florida	а.		
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	Signature, typed	or printed harne or registered a	Gent and litte it	арріісавів. (NOTE	negistere	ed Agent signature requ	Jireo when reinsta	<u>""" </u>	DATE	AH.	11
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indicated	on this repor	t is true and accurate a	and that my	v signature shall have th	he same	e legal effect as i	f made unde	07(3)(i), Florida Statutes. I fun r oath; that I am a managing	ther certify member o	that the in the transfer that the interest of the the the the transfer that the transfer transfer transfer the transfer tr	nformation or of the
limited lial	bility compar	y or the receiver or tru	stee empov	wered to execute this re	eport as	required by Cha	apter 608, Flo	orida Statutes.	_	Ĭ	
SIGNAT	URE:	harialo	Jeli (e was a		0	1/19/	01 (30)	5)27	1146	سلم
	SIGNATURE A	IND TYPED OR PRINTED NAM	SIGNING	3 MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Dayti	me Phone #	