2000 UNIFORM BUSINESS REPORT (UBR)

3969 CONGRESS PARKWAY RICHFIELD OH 44286-9745 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country 39915 Country Country CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 3. Mailing Address PO BOX 150157 Suite, Apt. #, etc. City & State City & State City & State Country Street Address CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 3969 CONGRESS PARKWAY RICHFIELD OH 44286-9745						FILED SECRETARY OF ST DIVISION OF CORPORA	ATE ATIONS		
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3969 CONGRESS PARKWAY 3969 CONGRESS PARKWA							-	,	
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PO BOX 150				0157		DO NOT WRITE IN THIS SPACE			
City & State				- Ø1 0A	4. FEIN	umber 3-2479354		oplied For	
Zip	Country	Zip	Country	у		icate of Status Desired	\$5.00 Add	itional	
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Regist	ered Agent		
			-	- BRA	P.O. Box No	umber is Not Acceptable)	<u> </u>		
					\(\)	(oth ST.			
					PE CORAL FL 33991				
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered			or both, in the State of Florida.			
سب	RADI	IMEMBER BR	ANL	Ey T.	Zami	EY Z	116/00		
SIGNATURE .	Signature, typed or printed name of registered agent of			Agent dignature required	when reinstatin	ng)	DATE		
		FILE NOV		EE IS \$50.00 Department o	f State	-mf3/1/1	0		
9.	MANAGING MEMBI	ERS/MEMBERS	10.	<u> </u>		ADDITIONS/CHA	NGES		
TITLE	MGRM	☐ Detete	TITLE				☐ Change	Addition	
KAME BTREET ADDRESS CITY-ST-ZIP	RAMEY, JAMES W 3969 CONGRESS PARKWAY RICHFIELD OH 44286-9745			T ADDRERS				<u>!</u>	
TITLE	MGRM	☐ Deducto	TITLE				Change	Addition	
NAME STREET ADDRESS CITY- ST-ZIP	RAMEY, BRAD 3969 CONGRESS PARKWAY RICHFIELD OH 44286-9745		STREET CITY-S	ADDRERS		80000315 -03/03/0 *****55.	55578- 001018 00 ******	013	
TITLE	THOTH IELD ON THEOD STATE	☐ Delete	TITLE			<u> </u>	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		,	. ∴MAME - STREET CITY- 8	ACORESS					
TITLE		☐ Delicto	TITLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADDRESS					
TITLE NAME		☐ Delate	TITLE				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
ITTLE KAME BTREET ADDRESS STY-ST-ZIP		□ Deleta	TITLE MAME STREET CITY-8	ADORESS			☐ Change	Addition	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	he exem e same	ption stated in Se legal effect as if n	nade under	oath; that I am a managing r	nember or manage	rotthe	
SIGNAT	URE: SIDE OF PRICE AND TYPED ON PRICE	DESEQUIE	TWE	WSEX -	BRADI	Ey J. Ramey	Z/// Daytime Phone #	0/00	