Mr. se

4/11/

FILED Jun 03, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # NO100		DIC IATION, INC			04-11-2002 90018		
<u> </u>	20minu -	Mailian Addr	De P		-			
• •	ce of Business	Mailing Addre 1690 N.W. 1951						,
1690 N.W. 195 Miami Fl.;3316		MIAMI FL 3316						,
	•	•	•			-	710	1
2. Principal i	Place of Business	3. Mailing Add	dress			والمطالعة والمساورة والمساورة	: - جەرباچىيىسىلىدە	
Suite, Apt	. #, etc.	Suite, Apt	, #, etc.	<u> </u>		O NOT WRITE IN THIS SP	PACE	
City & Sta	ste	City & Sta	te		4. FEI Number 6 5 - 1	107407	No	plied For Applicable
~ = •Zip		Zip		Country	5. Certificate of State		8.75 Add ee Required	
	6. Name and Address of Cu	urrent Registered Ager	nt		7. Name and Addre	ss of New Registered A	gent	
				Name	122 (1772 - 17 2		<u></u>	<u></u>
TAKEH, R		•		Street Address	(P.O. Box Number is No	at Acceptable)		
1690 N.W MIAMI FL	7. 195TH STREET	• •= •	والمريوة منصد					
. MH-MATELLE				City		FL	Zip Code	9
8. The above	e named entity submits this staten	ment for the purpose of	changing its regis	stered office or registe	ered agent, or both, in th	e state of Florida.		Ì
, ,,,			7 de	4	- 0. Do			
SIGNATURE	Signature, typed or printed name of registers	EH acore academic o aconcable.	(NOTE: Regi	istered Agent signature require	3-31-02.	DATE	 -	 {
	organism types or parties and an agreement					<u></u>		
	FILE NOW: FEE IS \$61.2		Election Campaig Trust Fund Contro		\$5.00 May Be	Make Check		
		į.	Trust Fund Comm	IDUIIOIL	Added to Fees	Departmen	it of prate	' !
				11.		Departmen TO OFFICERS AND DIR		10
10.	OFFICERS AI	ND DIRECTORS				TO OFFICERS AND DIR		10
10. TITLE NAME	OFFICERS AID TAKEH, RALPH	ND DIRECTORS] Delete	11. TITLE NAME		TO OFFICERS AND DIR	ECTORS IN	10
10.	OFFICERS AI TAKEH, RALPH 1690 N.W. 195TH STREET	ND DIRECTORS] Delete	11.		TO OFFICERS AND DIR	ECTORS IN	10
10. TITLE NAME STREET ADDRESS	OFFICERS AI TAKEH, RALPH 1690 N.W. 195TH STREET MIAMI FL 33169	ND DIRECTORS] Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		S TO OFFICERS AND DIR	ECTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	OFFICERS AID TAKEH, RALPH 1690 N.W. 195TH STREET MIAMI FL 33169 D FONYAM, GEORGE	ND DIRECTORS	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		S TO OFFICERS AND DIR	ECTORS IN	10 Addition
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