NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State

DOCUMENT # 40100000 6787		
1. Entity Name		Secretary of State 04-28-2002 90772 031 ****61.25
THE FALLS REVIEW, INC.		
DO NOT WRITE IN THIS SP	ACE	
		•
2. Principal Place of Business C/S 7 SDR man 3. Mailing Address	·	641620
		041020
12345 SLRA FAIL LA (SAME) Suite, Apt. #, etc. Suite, Apt. #, etc.		
Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State		4. FEI Number Applied For
BOYNTON DEACH, TL (SAME)		65-114-9695 Not Applicable
Zip Country Zip	Country	\$9.75 Additional
33437 USA (SAME))	5. Certificate of Status Desired Fee Required
		7. Name and Address of Current Registered Agent
•	Name (JORMAN TOTA
DO NOT WRITE		P.O. Box Number is Not Acceptable)
	12343	CLEN KAND LAND
IN THIS SPACE	,	
, ·	Atv ·	- L-Zip Code
	Doluton	
8. The above named entity submits this statement for the purpose of changing its re	egistered office of register	ed agent, or both, in the state of Florida.
RETAINED	, , ,	\mathcal{A}
SIGNATURE Detto S. Samuer, Regis	fered us	rent D/s 4/11/12
· · · · · · · · · · · · · · · · · · ·	Registered Agent signature required	when reinstating) DATE
	J	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Col	· · ·	\$5.00 May Be Added to Fees Make Check Payable to Department of State
10. OFFICERS AND DIRECTORS	I	
NAME A SCONNA AD	TITLE	
NAME KUTHER ABRAHAM	NAME	
NAME STREET ADDRESS T341 TOTO MAC FALL LANG	NAME STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP STOTON BEACH THE TOTON	NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME AGRAHAM AGRAHAM AGRAHAM TOTOMAC FALL 23437	NAME STREET ADDRESS CITY-ST-ZIP TITLE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ROLDSTELM PHYLLIS	NAME STREET ADDRESS CITY-ST-ZIP	
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Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Merchan Kutner ABRAHAM KUTNER 4/11/02 (561) 369-4295