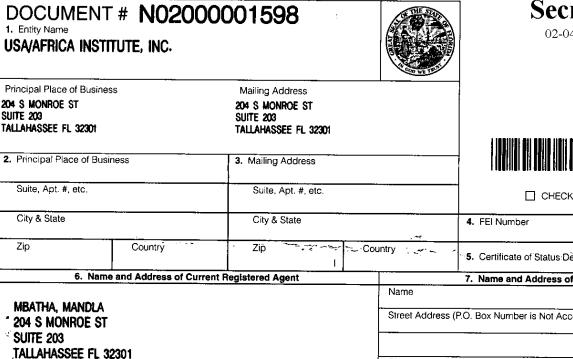
## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



**FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90077 023 \*\*\*\*70.00

suite 203 Tallahassee fl 32301			SUITE 203 TALLAHASSEE FL 32301							
2. Principal Place of Business 3. M				Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			С	City & State			4. FEI Number			
Zip		Country	· Zi	ip	Country	, re 	5. Certificate of Stat	us:Dèsired 1	8.75 Add	ot Applicable
	6. Name	and Address of Curren	<u> </u>	ed Agent	<u> </u>		7. Name and Addre	ess of New Registered A	•	id
					Nam	ie			<u> </u>	
	, mandla Onroe st 13				Stree	Street Address (P.O. Box Number is Not Acceptable)				
_,TALLAHASSEE FL 32301					City			FL	Zip Cod	
8. The above the obligations of the obligation of the obligatio	itions of registe	submits this statement red agent.			registered office			e State of Florida. I am fa	ımiliar with,	and accept
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FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Florida Departr		
					- <u>-</u>	<u> </u>				
10.	TPD	OFFICERS AND D	IRECTORS		11.	<del></del>	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10
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<ul> <li>I nereby c</li> </ul>	certify that the ii	ntormation supplied with	n this filina	does not qualify for t	he exemption s	tated in Soc	ction 119 07(3)(i) Florid	la Statutes. I further certify	منحطة فمطا	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURA QUIRED