じじじし	MENT#	P000000	08956				APFROVEL AND			
1. Entity Name AUSTIN 2 PARIS, INC.							FILED			
AUSTIN	2 FANIS, INC	•					01 JUN -5 PM 4:3	35		
	ce of Business		Mailing Address			\neg		•		
2120 W. CENTI ORLANDO FL (2120 W. CENTRAL BLVD. ORLANDO FL 32805				SECRETARY OF STATE FALLAHASSEE, FLORID	i. Id		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
						7				
City & State			City & State		<u></u>	4. F	FEI Number 59-301986	<u> </u>	Applied Not Ap	d For plicable
Zip	Co	untry	Zip	Count	itry	5. (Certificate of Status Desired	□ \$8	.75 Addition Required	al
	6. Name and	Address of Current F	legistered Agent		Name	7. N	Name and Address of New Reg	istered Age	ent	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			!		SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street					
COR	RAL GABLES FL	33134		l]	Floor				
					City			FL	Zip Code	
		//			Miam	<u>i</u>			33145_	
8. The above	e named entity sub	mit this statement for Utifera, P.	the purpose of changing i	ts registere	M1.am ed office or regis	tered ag	ent, or both, in the State of Floric		_33145	
SIGNATURE	BY: / //	4	•		ed office or regis	tered ag	<u> </u>		_33145	
SIGNATURE .	BY: Signature Fed or International Telephone	mit this statement for the control of the control o	nd title if applicable. (NC	TE: Registered	M1.am ed office or regis d Agent signature requ IS \$150.00	tered ag	5/4/	DATE		
SIGNATURE	BY: Signature Fed or International Telephone	ent agent ag	od title if applicable. (NC President FILE NOV	VIII FEE	d Agent signature required S \$150.00 will be \$550.00	tered ag	<u> </u>	DATE	\$5.00 M Added to F	
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SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-1-01 407-650-1694