FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000011159

DOCUMENT # 1. Entity Name

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90084 011 ***150.00

Mi Amil FL Mi Amil Flore Status Desired \$8.75 Addition Fee Required \$8.7	ATO	PUCH OF U, INC.							
1330 N W 21 CT 1330 NW 21				PAC	E			6 6	0240
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. DO NOT WRITE IN THIS SPACE				2/ C	T :				
The state of Florida The Special and effects to do so. S	Suite, Apt.	#, etc.		<i>21</i> -		1	DO NOT WRITE	IN THIS SPA	ACE
Country 21p 33 67 Country 15 16 16 16 16 16 16 16	· · · · · · · · · · · · · · · · · · ·		City & State			4 F	FI Number		Applied For
DO NOT WRITE IN THIS SPACE City City FL Zip Code City FL Zi	. 1	MAMI, FL	MIAMI, F			`	65-09420		Not Applicabl
DO NOT WRITE IN THIS SPACE City City FL Zip Code City FL Zi	Zip 73 //	Country		Countr	USA	5. C	ertificate of Status Desired		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ITHE MAKE STREET ADDRESS CITY ST. 2P ALL STREET ADDRESS CITY ST. 2P MIRMARS, FL 33027 ITHE MAKE STREET ADDRESS CITY ST. 2P MIRMARS, FL 33027 ITHE MAKE STREET ADDRESS CITY ST. 2P STREET ADDRESS CITY ST. 2P MIRMARS, FL 33027 ITHE MAKE STREET ADDRESS CITY ST. 2P MIRMARS, FL 33027		9.3/7	1	<u>. </u>		7. Nai	me and Address of Current Ro		
IN THIS SPACE City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS (CITY-SI-2P TITLE SECRETARY NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR R, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-2P MIRAMAR STREET ADDRESS CITY-SI				* [Name				
IN THIS SPACE City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE PRESTIDENT + CEO Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PRESTIDENT + CEO KIMBERLY ARCHER - HAMNUTON STREET ADDRESS CITY-SI-DP TITLE NAME 3ALLA GETHERA GOO RISSON COURT CITY-SI-DP TITLE DECRETARY NAME STREET ADDRESS CITY-SI-DP MIRAMARK, PL 33027 TITLE NAME STREET ADDRESS CITY-SI-DP MIRAMARK STRE	e i i nome i nome.	DO NOT W	RITE	· , ' -	Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Supature, typed or printed name of registered agent, and the if appocation. (NOTE Registered office or registered agent, or both, in the State of Florida. NOTE Supature required when remaining. (NOTE Registered office or registered agent, or both, in the State of Florida. SIGNATURE Supature required when remaining. 10. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After May 1, Fee is \$150.00 Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICE ADDRESS CITY ST. 20 Trust Fund Contribution. 12. Election Campaign Financing Trust Fund Contribution. 13. Election Campaign Financing Tr	,	· · · · · · · · · · · · · · · · · · ·		-			× 2 × ′-		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Superare typed or productine of registered agent and take if apposition. 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. DIRECTORS 11. DIRECTORS 11. DIRECTORS 11. DIRECTORS 12. DIRECTORS 13. DIRECTORS 14. DIRECTORS 15. DO NOT WRITE 16. DIRECTORS 17. S. DP 18. DRAW AND DIRECTORS 19. DRAW AND DIRECTORS 19. DRAW AND DIRECTORS 10. DRAW AND D	•	114 11113 35	MUE .	`					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Signat				Γ	City		· ·	FL	Zip Code
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 16. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 10. Election Campaign Financing Trust Fund Contribution. 10	R The above	named antity submits this statement for	the purpose of changing its	registerer	office or regis	torod age	unt or both in the State of Florid		
11. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-JP TITLE VICE PRESIDENT 4 CFO TITLE NAME STREET ADDRESS CITY-ST-JP TITLE VICE PRESIDENT 4 CFO TITLE NAME STREET ADDRESS CITY-ST-JP TITLE VICE PRESIDENT 4 CFO TITLE NAME STREET ADDRESS CITY-ST-JP TITLE TITLE NAME STREET ADDRESS CITY-ST-JP TITLE NAME NAME STREET ADDRESS CITY-ST-JP TITLE NAME NAME NAME NAME NAME NAME NAME	9. This corpo	ration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - N After May	lay 1 Fee 1, Fee is	is \$150.00 \$550,00	ured when re	10. Election Campaign Finar	acing _	\$5.00 May Be Added to Fees
TITLE NAME NAME STREET ADDRESS CITY-ST-DP TITLE VICE PRESIDENT 40F0 TITLE NAME STREET ADDRESS CITY-ST-DP TITLE VICE PRESIDENT 40F0 SALLA GETHEA STREET ADDRESS CITY-ST-DP TITLE NAME NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME NAME NAME NAME NAME NAME		V	 	ole to Dep	partment of S	itate			
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME			DIRECTORS	7)7) 5	* *			· · ·	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMIL, FL. 33167 TITLE MIAMIL, FL. 33167 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME		1	amail Tot)						
TITLE MAME SALLA BETHERA STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME TITLE NAME	-		47700.00		ADDRESS			* •	
TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	CITY-ST-ZIP	MIAMI FL 33167		CITY - S	ST-ZIP #	1 6	*		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE		0	TITLE	į.	, ,			
CITY-ST-ZIP CITY-		SAULA BETHEA							
TITLE SECRETARY NAME BRENDA G. COOPER STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME		6700 RISDON COURT			8. ž		•		الماميدة
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			16		51-2P 2				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM			•		Ĭ				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM		DRENDA G. COUPER			F ADDRESS				
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME TITLE NAME NAME NAME		MIDAMAR FI. 3302	1		Îi		PRO NOT A	VKLI	E
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME		THE STATE OF THE S		TITLE	1	•	IN THIS S	DAC	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME	NAME			^M NAME	, mail	•	~ 'IIA" I UIO"O	EAC	
TITLE NAME NAME	1			,	. 3				a
NAME NAME	CITY - ST - ZIP			CITY-S	ST-ZIP q				A STATE OF THE STA
						į.	and the second of the second o		
a direct reported				j,	I ADDRESS			k	•
CITY-ST-ZIP CITY-ST-ZIP				. I	ė			45 .	1
TITLE TITLE			.	-	- 5				
NAME NAME	- 1			1			" in the second of the second		
STREET ADDRESS STREET ADDRESS					ADDRESS		•		1
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-S	ST-ZIP		<u> </u>		<u> </u>

of the corporation or the rectattachment with an address, special results the and accurate and that my signature sharined the same legal effect as in that my name and and accurate my signature sharined by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

NO DEFICER OR DIRECTOR

(305) 987-8466