2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000016861

1. Entity Name

3 BIRDS, INC.



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90216 001 ***150.00

DOCUMENT #

Principal Place of Business 1900 NW CORPORATE BLVD.. SUITE 301-WEST Mailing Address 1900 NW CORPORATE BLVD., SUITE 301-WEST ROCA RATON FL 33431

BOCA RATON F		BOOK HATON TE SOTO					
2. Principal Pla 2. QQQ Suite, Apt. #	Jarth Rose Mine Ka	3. Mailing Address Suite, Apt. #, etc.	onerline Ri	CHECK HERE IF M			
City & State		Por State 3	each FL	4. FEI Number 65-0982192	Applied For Not Applica	_	
Zip	Country	Zip	Country	5. Certificate of Status Desired	See Required		
<u>350b</u>	6. Name and Address of Current F	registered Agent		7. Name and Address of New Regis	stered Agent		
	6. Name and Address of Current		Name			1	
HECENER	ΔΠΔΜ		Street Address	s (P.O. Box Number is Not Acceptable)	 		
HEFFNER, ADAM 1900 NW CORPORATE BLVD., SUITE 301-WEST			Street Address	Street Address (1.0. Box Hamber 1970)			
	ON FL 33431						
			City		FL Zip Code		
the obligati	ons of registered agent. Signature, typed or printed name of registered agent a		egistered office or regis	stered agent, or both, in the State of Florida uired when reinstating)	DATE	- -	
After	ILE NOW!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of		, , , , , , , , , , , , , , , , , , , ,	9. Election Campaign Finan Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO	Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO CITIES	☐ Change Add	Jdition .	
NAME	DIR HEFFNER, ADAM 1900 NW CORPORATE BLVD, SU BOCA RATON FL 33431	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	orection for merling	L 33069		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad	Idition	
CITY-ST-ZIP		Delete	TITLE NAME		☐ Change ☐ Ad	dition	
NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ddition	
 		□ Delete	TITLE		🗌 Change 🔲 Ad	MARITINE	

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 receiver or trustee empowered to execute this report as required by Chapter 607, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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Addition