2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017538

TAMPA FL 33635

ILIANT FOUNDERS CORPORATION

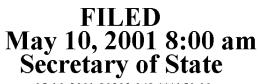
11274 WEST HILLSBOROUGH AVENUE

Principal Place of Business

Mailing Address

11274 WEST HILLSBOROUGH AVENUE

TAMPA FL 33635



05-10-2001 90203 049 ***150.00



2. Principal P	lace of Business	3. Mailing Address	ng Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITI	E IN THIS SF	PACE	
City & Stat	e	City & State	City & State			Number 362882 9			pplied For ot Applicable
Zip	Country	Zip	Zip Coun			tificate of Status Desired		8.75 Ad	
	6. Name and Address of Curr	ent Registered Agent			7. Nan	e and Address of New Re	gistered Aç	jent	
SALAS, RICARDO A 11274 WEST HILLSBOROUGH AVENUE TAMPA FL 33635				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	le
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Make Check Payable to									
11.	OFFICERS A	ND DIRECTORS	12,		ADDIT	IONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, RICARDO A 11274 WEST HILLSBOROUGI TAMPA FL 33635	☐ Delete	NAME STREE	- 1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11274 WEST THEODOROSSIT AVENUE		l l			1	Change	☐ Addition	
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		Delete	NAME STREE	T ADDRESS ST-ZIP			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	T ADDRESS ST-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREE	,]	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE	T ADDRESS ST-ZIP]	Change	Addition

13. I hereby certify that the information supplied with this filing 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 alls report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with readdress, with all other the empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date