**FILED** 

Apr 30, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam ULIANI, IN		P0000	0017793			O4-30-2003 90100 0			
Principal Place of Business 320 NW 37 ST.  POMPANO BEACH FL 33064  Mailing Address 320 NW 37 ST.  POMPANO BEACH FL 33064  POMPANO BEACH FL				3064		10091251			
2. Principal P	lace of Business  E. MALL T	ne; VE	3. Mailing Address 2351 E. MAL DRIE			1 HUUIIGAN II) BULII FANII OOIN 18NII OONU 90N	I ANDRŲ INDIK LIBALO N	13 <b>06</b>   1311   1 <b>00</b> 1	
Suite, Apt.	ste 10	!	Suite, Apt. #, etc. Ste 107			CHECK HERE IF MAKING CHANGES			
	MY 025,	FL	City & State FORT My	125 P	4	65-0988287	——————————————————————————————————————	plied For t Applicable	
Zip 3390	Countr \	5a	Zíp 33901	Country USA	5.	. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Add	ress of Current	Registered Agent		7.	. Name and Address of New Registered	i Agent		
~ .			سالسچا ہیں۔ در	Name -	TAX	HOUSE CORP			
ULIANI, LUCIANA					Street Address (P.O. Box Number is Not Acceptable)				
320 NW 37 ST. PAMPANO BEACH FL 33864					3929 N. FEDERAL HUY				
		/	City Pompano BCH FL Zip Code 33064						
	named entity submits ions of registered ager	this statement for it	the purpose of changing its ri	egistered office or	registered a	agent, or both, in the State of Florida. I ar			
SIGNATURE	Signature typed or printed na	MMM ph of registered agent a	of the policable (NOTE:	PnE3 Registered Agent signatu		01/3 on reinstating) DATE	21/2003		
	ILE NOW!!! FEE I	C \$150.00	<i>V</i>			T			
Afte	r May 1, 2003 Fee w Revable to Florida	ill be \$550.00	State			Election Campaign Financing     Trust Fund Contribution.		May Be to Fees	
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS	IN 11	
TITLE	DP		□ Delete	TITLE	D?		Change	Addition	
NAME	ULIANI, LUCIANA			NAME	ulianz	E. MALL THE STE 107			
	320 NW 37 ST.			•				)	
CITY-ST-ZIP	POMPANO BEACH	FL 33064		CITY-ST-ZIP		My Res, PL 33901			
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CITY-ST-ZIP	FORT MYERS	, fc 339	10	CITY-ST-ZIP	FORT	myers, fc 33901			
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NAME				NAME					
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CITY-ST-ZIP				CITY-ST-ZIP			<u> </u>		
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NAME			5000	NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
indicated of the corp	on this report or suppli poration or the receive	emental leport is r or trustee empo	true and accurate and that my	/ signature shall ha	ive the same	in 119.07(3)(i), Florida Statutes. I further c ie legal effect as if made under oath; that orida Statutes; and that my name appears	I am an officer o	or director	