FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State

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DOCUMENT # P000000 38113 V			Secretary of State 02-07-2002 90008 050 ***150.00
Druble "R's" m.g.	Cupinatien	3	
DO NOT WRIT	E IN THIS SI	PACE	
2. Principal Place of Business	3. Mailing Address	*	<u>·</u>
335 Avenida Milan			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applicab
Zip Country	Zip	Country	_ \$8.75 Additional
3474 Country A		, , , , , , , , , , , , , , , , , , ,	Fee Required
	4	Name	7. Name and Address of Current Registered Agent
DO NOT V	VRITE		S (P.O. Box Number is Not Acceptable)
IN THIS S		2033	mains to Sinte You
		Sara	FL Zip Code
8. The above named entity submits this statement	for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax firg requirement and elects to do so. (See criteria on back)	After May Amended	ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 le to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
<u> </u>	ID DIRECTORS		
NAME ROY OR OF C) 0	TITLE NAME	•
STREET ADDRESS 33 A A POS CO	rulana.	STREET ADDRESS	'
CITY-ST-ZIP Susta Ly F	1. 34749-	CITY-ST-ZIP	
MAME Rossian A. C.		TITLE NAME	
STREET ADDRESS 33 A Quena Co.	PEZIZ, gr.	STREET ADDRESS	
CITY-ST-ZIP Suta Kun F	1. 34242	CITY-ST-ZIP	
TITLE DE CUITAND	1	. TITLE	
NAME MICHUE A TE		44444	
STREET ADDRESS SRF A Luncial Comments	ΣΤΣ.	NAME STREET ADDRESS	56 NGT W5ITE
STREET ADDRESS 335 A runda City-ST-ZIP San apola City	mil and 34243		DO NOT WRITE
CITY-ST-ZIP Sancasta, ().		STREET ADDRESS CITY-ST-ZIP TITLE	
CITY-ST-ZIP Sancasta (). TITLE NAME Rayp man 2. 6 F		STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO NOT WRITE
CITY-ST-ZIP Sancasta, ().		STREET ADDRESS CITY-ST-ZIP TITLE	
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13. Thereby 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: M. LLE M. Put Michele M. Pert Dil 32 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #