2001	1 UNIFORM BU	SINESS REPOR	RT (UBR)	\ \ \(\omega_{\text{eq}}^{\text{OB67}} \)
1. Entity Nam	MENT # P000	00039058 , inc.		FILED (4€)≥
Principal Plac	te of Business	Mailing Address		OI SEP 24 PM 12: 56
7808 NW 70TH TAMARAC FL	н ст.	7808 NW 70TH CT. TAMARAC FL 33321		SECRETARY OF STATE TALLAHASSEE: FLORIDA
2. Principal F	Place of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ner Reash	DO NOT WRITE IN THIS SPACE
City & Stat	te	Gity & State	Dr	4. FEI Number Applied For Not Appliedable
Zip	Country	Ff Landerdele 3	Country 33315	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
LIOY, FRA 7808 NW TAMARAC	70TH CT.		Street Addres	
SIGNATURE .	Signature, typed or profess name of registered as portation is eligible to satisfy its Intangirequirement and elects to po so.	pent and title if applicable. (NOTE: Rible FILE NOW!!! After September 12, 2	gistered office or regional properties of the pr	50.00 10. Election Campaign Financing \$5.00 May Be.
11. :		ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIOY, FRANK 7808 NW 70TH CT. TAMARAC FL 33321	☐ Delete	STREET ADDRESS	1000 River Reach Dr Dehange Addition (S) 80 100 100 100 100 100 100 100 100 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000045139号字
THTLE———————————————————————————————————	-	Delete	NAME STREET ADDRESS C(TY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this Ring 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 disease empowered to execute this 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTENIANE OF SIGNING OFFICER OR DIRECTOR.

Date:

Option:

Date:

Option:

Opti

Complete Financial Services

1000 River Reach Dr. # 204 (Ft. Lauderdale, FL 33315

U.S.A.

Phone 954-523-5217 Fax 954-525-0801

September 20, 2001

To whom it may concern,

I am writing to inform you of my address change. I have moved and did not receive any notices regarding my corporation renewal. As a first time business owner I was not aware that a fee was required to renew my corporation annually. However, I am responding as rapidly as this error was brought to my attention. Please excuse my inexperience and latency. I have enclosed a check for \$150.00 and thank you in advance for your cooperation on this matter.

Sincerely

Frank Lioy