## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 25, 2002 8:00 am Secretary of State

DOCUMENT # P0000046740  1. Entity Name				Secretary of State 02-25-2002 90035 029 ***150.00			
USA Note	book.com	·					
	O NOT WRITE	E IN THIS	S SPAC	E			
2. Principal Place of Business 2929 NE 40 Street Suite, Apt. # Dec		3. Mailing Address 2929 NE 40 Street Suite, Apt. # 66			DO NOT WRITE IN THIS SPACE		
Et. Lauderdale, Florida 33398.		Ft. Lauderdale, Florida 33308			4. FEI Number 65-1019304 Applied For		
<u>1408 S</u> 3306	Country	Zip	Coun	try	5. Certificate of Status Desired Sa.75 Additional Fee Required		
3306		/DITE==		Name Kluger,	7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE					reet Address (P.O. Box Number is Not Acceptable)  2929 NE 40 Street		
				City Ft. Lauderdale. FL Zip Code 33308			
	named entity submits this statement	for the purpose of ch	anging its registere		gistered agent, or both, in the State of Florida.		
SIGNATURE	signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature requ	equired when reinstating) DATE		
•	ation is eligible to satisfy its Intangib quirement and elects to do so. a on back)	A	ary 1 - May 1 Fo fter May 1, Fee i Amended UBR i ck Payable to Do	s \$550.00 s \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees		
11.	OFFICERS AN	D DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Kluger, Eva 2 <del>929 NE 40 Street</del> Ft. Lauderdale, Fl. 33301	3		ţ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Kluger, Eva -2929 NE 40 Street Ft. Lauderdale, Fl. 33308						
TITLE NAME STREET ADDRESS CITY=ST=ZIP					DO-NOT-WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. 1	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY	IE EET ADDRESS '-ST-ZIP			
13. I hereby co	ertify that the information supplied w	ith this filing does not	t qualify for the exe	emption stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director		

13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further Certify into the the control 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 cast; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

954-941-1417