## 2002

STREET ADDRESS

SIGNATURE:

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 11, 2002 8:00 am Secretary of State

04-11-2002 90704 028 \*\*\*150.00

DOCU  1. Entity Name	MENT# POOO	0046773	· \ \		
6 Ko	PLOE POPLIUSSE	EN STUDI	10, INC	763573	
	DO NOT WRITE	IN THIS SE	PACE		
2. Principal F Suite, Apt.	Place of Business CHERLY TREE M. #, etc.	3. Mailing Address Suite, Apt. #, etc.	of There are	DO NOT WRITE IN THIS SE	PACE
(City & Stat	10 /	Gity & State	(, .	4. FEI Number (05 - 10)(104)	Applied For - Not Applicable
37 K7	Country	zip 23/20	Country	5. Certificate of Status Desired	8.75 Additional ee Required
				7. Name and Address of Current Registered	
			Name (CC)	ROE TORITUSCEN	
	DO NOT WI	ADMINISTRAÇÃO DE PROPERTO DE LA CONTRACTOR DE LA CONTRACT	Street Address (	(P.O. Box Number is Not Acceptable)	
	IN THIS SP.	ACE	5/(0	CHERRY TIREE G	
			City City	Zini. FL	Zip Ceste() /
8. The above	e named entity submits this statement for	the purpose of changing its r	registered office or register	red agent, or both, in the State of Florida.	1 3 3 8 (6
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTC:	Registered Agent signature required	1 when relinstating) DATE	<u> </u>
9. This corpo	Signature, typed or printed name of regresored agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	January 1 - Ma After May ( 'Amended	ay 1 Fee is \$150.00 I; Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so. iria on back)  OFFICERS AND D	January 1 - M After May 1 Amended Make Check Payabl	y 1 Fee is \$150.00   Fee is \$550.00	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
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STREET ADDRESS CITY: ST-ZIP

Date

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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 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.

SIGNING OFFICER OR DIRECTOR