## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000056408  1. Entity Name TWO FRIENDS PERFORMANCE, INC.						FILED STURETARY OF STATE					
6003 NW 31	ce of Business ST AVE NALE FL 33309	09		A 1861/A	e in Con ème con con	, <del>-</del> <b>ar</b> in <b>ar</b> in <b>a</b> in	L muni miğun	<b>BT:10</b> ) 1 <b>0</b> 11 1 <b>01</b> 11			
2. Principal	Place of Business										
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	te	City & State	City & State			10173	363		pplied For ot Applicable	,	
Zip	Country	Zip			5. Certificate of	of Status Desired	□ \$8	3.75 Ade Require		1	
	6. Name and Address of Cu	<del></del>	7. Name and Address of New Registered Agent								
WNETTER			Street Address (P.O. Box Number is Not Acceptable)								
	31ST AVE ERDALE FL 33309										
				City FL Zip Code						-	
8. The above	named entity submits this statem	registere	ed office or register	ed agent, or both	, In the State of Flor				+		
							•				
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTI	: Registered	Agent signature required	when reinstating)		DATE	.,			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After September 12, 2  Make Check Payable				ee will be \$750.0	₩ 1	tion Campaign Fina t Fund Contribution		<b>\$5.0</b> Addec	O May Be I to Fees		
11.	OFFICERS D	AND DIRECTORS	12.		ADDITIONS/C	HANGES TO OFFIC				╡ݐ	
NAME STREET ADDRESS	MUELLER, BRETT 6003 NW 31ST AVE			l			لبا	Change	☐ Addition	CR2E034 (5/01)	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	Delete		ST-ZIP					- Address	18	
NAME STREET ADDRESS CITY-ST-ZIP		∟ Delete						Change	☐ Addition	0	
TITLE	☐ Delete trn.i							Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				<u></u>	<del></del>		
NAME		Delete	= :_TITLE: NAME	<u> </u>			~	Change	- Addition	~=:	
STREET-ADDRESS : CITY-ST-ZIP				T AEDRESS S1- ZIP	210/4	•					
TITLE NAME		Delete .	TITLE NAME	1	,			Change	☐ Addition		
STREET ADDRESS City-St-Zip			STREET CITY-S	T ADDRESS ST-ZIP	<b>L</b>						
TITLE NAME		☐ Delete	TITLE					Change	Addition		
STREET ADDRESS CITY-ST-ZIP			·· CITY-S								
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 Block 12 if changed, or on an attachment with an address, with all other like emposition.											
SIGNATURE: SIGNATURE AND TYPED ON PRISTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prione #											