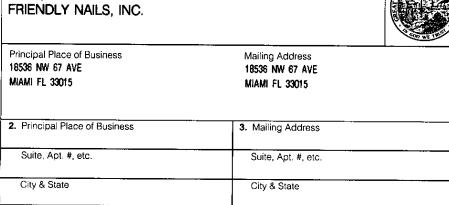
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000067447

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90853 037 ***150.00

Principal Place of Business 18536 NW 67 AVE MIAMI FL 33015 2. Principal Place of Business		Mailing Address 18536 NW 67 AVE MIAMI FL 33015 3. Mailing Address		T (1891/18) IN CONT CONT CONT CONT CONT CONT CONT CON
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State	····	4. FEI Number 65-1025405 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 38.75 Additional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	The state and notices of the strength of the state of the
127 CAME			Street Addre	ress (P.O. Box Number is Not Acceptable)
WESTON	FL 33326-3518			
			City	FL Zip Code
ine obligat	Signature, typed or printed name of registered ager ILE NOW!!! FEE IS \$150.00	nt and title if applicable. (NOTI	E: Registered Agent signature rec	
Make Check	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE IAME TREET ADDRESS ITY-ST-ZIP	SHAM, CHI-FUN 454 NE 210 CIR TERR #204 MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
AME Treet address ITY-ST-ZIP	negative acceptant materials at 1 to 2000 at 100 at	- □ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TLE AME IREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
AME Freet address		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP 2. I hereby c indicated	ertify that the information supplied wit on this report or supplemental report i	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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