FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2003 8:00 am Secretary of State

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Sicret Appress P.O. Box Number is Not Acceptable) IN THIS SPACE Signature of the purpose of changing its registered allower registered agent, or both, in the State of Florida. SIGNATURE Signature of puriod name of registered agent and the 14 septication. SIGNATURE Signature of puriod name of registered agent and the 14 septication. In This corporation is eligible to satisfy its intengible flax filling requirement and effects to do so. (See criteria on back) After May 1: Fee is \$550.00 After May 1				فللمحسد أمييؤست	GIOR	A-MANGAS)== <u>==</u> =	~
8. The above named and yes submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signatury Sign		the second of th	and the second of the second o	Street /	Address (P.O. B	ox Number is Not Acceptable) W 10 4 ST1		# 81
SIGNATURE Signalus by the corporated care of regulatived agent and talle if applicable. (NOTE Registered Agent signature recurred when refrination) P. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Differ May 1: Fee ile \$150.00 Amended UBR is \$61.55 Make Check Payable to Dispartment of State Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Make Check Payable to Dispartment of State Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Trust Fund Contribution. \$5.00 May 8e Added to Fees Tr				City	TIAM	·/	FL	Zip Code 3 カ 19し
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13. I hereby cortify that the information symplified 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 it made under oath; that I am an officer or director of the corporation or the receiver durfustee 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J/19/03

Daytime Phone #