


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90199 001 *****8.75
01-31-2003 90199 002 ***150.00

DOCUMENT # <u>P00000076328</u>	
1. Entity Name <u>Von Enterprises International, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>20045 N.E. 3 Ct. #6</u>		3. Mailing Address <u>P.O. Box 693502</u>	
Suite, Apt. #, etc. <u>#6</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami FL</u>	
Zip <u>33179</u>	Country <u>USA</u>	Zip <u>33269</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE **55004020**

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1032039</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Trenae Floyd</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>20045 N.E. 3 Ct. #6</u>			
City <u>Miami</u> FL Zip Code <u>33179</u>			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Trenae Floyd</u> <u>20045 NE 3 Ct. #6</u> <u>Miami, FL 33179</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: Trenae Floyd 1/3/03 (305) 934-2298 cell

CR2E034B (12/02)