FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State

CIMILOKIM BO2	INE22 KEPOKI	(UBK)	Secretary or State	
DOCUMENT # POODOO82208 1. ENTRY Name STEVENIC CONSTRUCTION, INC			04-23-2002 90433 031 ***150.00	
Steveric U	enstruction,	TNC		
DO NOT WR	ITE IN THIS SI	PACE		
2. Principal Place of Business 4164 Sw 66 Cane Suite. Apt. #. etc.	3. Mailing Address 416454 Suite, Apt. #, etc.	66 lane	DO NOT WRITE IN THIS SPACE	
City & State F1	City & State David	L	4. FEI Number Applied For Not Applied For Not Applicable	e
Zip Country USA	^{Zip} 33314	Country	5. Certificate of Status Desired	
The second of th		Name \	7. Name and Address of Current Registered Agent	-
DO NOT	WRITE	- Step	hen G-Rice-	4
IN THIS		Street Address	(P.O. Box Number is Not Acceptable)	
IN LITIS	SPACE			
•		City 1, Janu	16 FL Zip Codes 10	7
8. The above named entity submits this state	ment for the purpose of changing its		100911	-
SIGNATURE Skiptature. Typed ox Carted name of register	cel agent and title if applicable. (NOTE	Registered Agent signature require	ad when reinstating) DATE	
 This corporation is eligible to satisfy its Int. Tax filing requirement and elects to do so. (See criteria on back) 	After/May Amended Make/Check/Payab	ay () Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 Io Department of Sta	10. Election Campaign Financing S5.00 May Be Trust Fund Contribution.	
TITLE TAYPY	S AND DIRECTORS		MATERIAL STATE OF THE STATE OF]_
	ر ۱۰	TITLE NAME	호텔 프로마스 스타스 보다 아니라 이 사람들이 되었다. 	2/01
STREET ADDRESS 4164 SW LC LA	12 1314	STREET ADORESS City-St-21P		CR2E034B (12/01)
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NAME STORET ADDRESS		NAME	경기 등 등 등 기술에 통증하는 기술이 통령 기술을 받는 기술을 통증하는 기술이 되었다.	8
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THILE NAME		TITLE NAME:		
STREET ADDRESS CITY-ST-ZIP	The same of the sa	STREET ADDRESS	DO NOT WRITE	
TITLE		IIILE	Approximation of the contract	1
NAME		NAME	IN THIS SPACE	
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TITLE NAME		TATLE		1
STREET ADDRESS		NAME STREET ADDRESS		1
CITY- SI- ZIP		CITY-S1-ZIP		
TITLE		INLE		
STREET ADDRESS		NAME STREET ADDRESS		
CITY+SI-ZIP		CITY-ST-ZIP		
of the corporation or the receiver or truste	port is true and accurate and that my se empowered to execute this report	he exemption stated in Se signature shall have the sax required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under eath: that I am an officer or director 07, Florida Statutes: and that my name appears in Block 11 or on an	1
SIGNATURE: Standen With an address, with all other like empowered. (34/11/52 954.005-703.5)				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone 4				