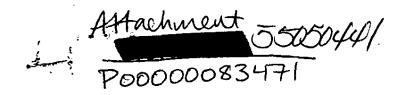
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 03, 2003 8:00 am Secretary of State 06-16-2003 90140 021 ***150.00

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DO NOT WRITE IN THIS SPA								
						(55050	441,	
2. Principal P	Place of Business U Conary Palmar	3. Mailing Address				`~ -^ ·		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		ACE		
City & State		City & State			4. FEI Number 04-368-6	2641	Applied For Not Applical	—
Zip 3343	Country	Zip	Count	ry	5. Certificate of Status I	Desired ☐ \$8	1.75 Additional Required	
				7. Name and Address of Current Registered Agent				
DO NOT WRITE				Name Nouchhes four well				
	The second secon	The Bridge State of the State o		-Street Address (F	CO-BOX NUPLOETS NOT AC	Huy #	308	
	'S'IN THIS SP	ACE					,	
				City Boca	Paris	FL	Zin Code	, 1
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 acc								at a
the obligat	ions of registered agent.						,	-
SIGNATURE .	Joan Smals	uz		<u> </u>		16/01/	03	-
i de la compar	Signature, typed or printed name of registered agent a	nd tile it applicable. (N	OTE: Registered	Agent signature required	when reinstating)	/ DATE /		
	After May 1; Fee is \$550.00 "Amended UBR is \$61:25" Payable to Florida Department of	State			9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees	e
10.	OFFICERS AND I	DIRECTORS	31,34			3-1869 * 18 30	ernemet.	.
TITLE NAME	JONES-INGLE IN	.~	NAME	2.50 Table 1.50 Table 1.50				1202
STREET ADDRESS	7721 ALHAMBOA	EGAN BIND	STREE	TADDRESS				S (5.1)
CITY-ST-ZIP	7724 ALHAMBRA HIRAMAR, R	<u> 330 23 </u>	City	ST-ZIP				
TITLE NAME	S		NAME					CR2E034B
STREET ADDRESS	JOANN SMALPRZ	m cincle	200	TADORESS				
CITY-ST-ZIP	BOXA RATON, E	33433	cin-	- Interior (To America Interior)				
TITLE			NAME					
STREET ADDRESS			Property and	ADDRESS)	ะ กิด ผ	OT WRIT		'
CITY-ST-ZIP		<u>·</u>	L GIY	PROPERTY OF PROPERTY.	a company of the second contract course	AT THE REST CONTRACTOR STREET	CONTRACTOR CONTRACTOR	ness.
TITLE NAME			TITLE NAME	THE RESERVE AND ADDRESS OF THE PARTY OF THE	. INJH	IS SPACI	E	
STREET ADDRESS			Mark the last	ACORESS				
CITY-ST-ZIP			Since	D. Dr. See Jack Co.				띜
TITLE NAME			NAME					
STREET ADDRESS			1	ADDRESS				e i
TITLE			CITY				CARRELINE VI	
NAME			NAME					
STREET ADDRESS			A STATE OF THE PARTY OF THE PAR	ADORESS				* 4
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify	for the even	resident to a second of the se	tion 119 07(3V). Florida 9	Talutes (Jurbas and)	hat the information	* 3
indicated	on this report or supplemental report is reportation or the receiver or trustee empt	true and accurate and tha	t my signatu	re shall have the sa	ame legal effect as if made	e under oath; that I am a	n officer or director	



Sq.

JOANN SMALARZ 6724 CANARY PALM CIRCLE **BOCA RATON, FL 33433**

5617508977

Request taken by: mjacobs 05-14-2003

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

To Whom It May Coreer.

Please accept our check for \$150.00 for UBR dules. We never received the original form and called to obtain one as we were looping over documents and noticed we had no received it. We are a new breseries