2002 Uniform Business Report (UBR)

FILED May 08, 2002 8:00 am Secretary of State

Principal Place of Business 250 EISENHOWER BLVD. (AMMAN BLOGGII) FT. LAUDERDALE R. 33315 2. Principal Place of Business 4. F. D. B. L. E. R. Or IVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Place FLANDES, FI FI Landerdale, FI La	
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Zip 333 15 Country Lip 3 3 3 5 Country 5. Certificate of Status Desired 5 Sea Recognition 15 Sea Recognition	Applied For
A North A Literature Control of the	Not Applicable
/. Name and Address of New Registered Agent	edriteq S vocatious
Name - Name	
BONHOMMETTE, JOEL 1021 SW 127TH TERP Street Address (P.O. Box Number is Not Acceptable)	
1021 SW 127TH TERR. DAVIE FL 33325	<u> </u>
	o Code
B. 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.	33 314
The last state of Florida.	}
SIGNATURE Signature typed (printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
9. This corporation is eliquible to satisfy its Intannible FILE NOW!!! FEE IS \$150.00	
Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00	\$5.00 May Be
Indee Crieck Payable to Department of State	
PD Delete TITLE	
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I. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report or slipblemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an offic of the corporation or the receiver or trusted empowered to execute this refort as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 changed, or on an attachment with an address, with all other like empowered.	e information cer or director I or Block 12 if
IGNATURE: A STATE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR	}