

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90414 039 ***150.00

DOCUMENT # P.00000087291
1. Entity Name
LIDIA R. N. SERVICES ✓

669910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6095 W 18 AVE</u> Suite, Apt. #, etc. <u># 5 221</u> City & State <u>HI/LEAH FL</u> Zip <u>33012</u> Country <u>U.S.A</u>		3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>SAME</u> City & State <u>SAME</u> Zip Country	
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4. FEI Number <u>65-1052285</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent
Name LIDIA MARK
Street Address (P.O. Box Number is Not Acceptable) 6095 W 18 AVE # 5 221
City HI/LEAH FL Zip Code 33012

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.
SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating)
DATE 4/30/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / SEC / TRER</u> <u>LIDIA MARK</u> <u>6095 W 18 AVE # 5 221</u> <u>HI/LEAH FL 33012</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.
SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/30/02
Daytime Phone #

CR2E034B (12/01)