2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089793

1. Entity Name

FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90254 042 ***150.00

		PIONS SAT						1754			
Principal Place of Business Mailing Address						VAAPPODÄ					
2250 N W 30TH PLACE							•	* * *			
POMPAN	O BEAC	H. FL	•								
33069		,					•				
		•				!					
2. Principal F	Place of Busine	ess	3. Mailing Address								
2250 N W 30TH PLACE											
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State			City & State		4. FI	4. FEI Number		T	Applied For	\neg	
POMPANO BEACH, FLA					65	-1051041		-	Not Applicat		
Zip		Country	Zip	C	Country			¬ \$8	.75 A	dditional	~
33069	USA				5. Certificate of Status Desired Fee Required					_]-	
	6. Name and	Address of Curren	t Registered Agent		<u> </u>	7. Na	ime and Address of New Reg	gistered Age	ent		4
					Name .						
CARVO & EMERY, P.A.					Street Address (P.O. Box Number is Not Acceptable)					7	
		PLAZA, SU		-							7
FT. LA	UDERDA1	LE, FL 33	394						7:- C		\dashv
1					City		. (4)	FL	Zip C	JQ8	
8. The above	named entity	submits this stateme	nt for the purpose of char	nging its re	egistered office	e or register	ed agent, or both, in the State	of Florida.			ヿ
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			•								
SIGNATURE			•	•							
SIGNATURE		or printed name of regi	stered agent and title if appli	cable.	(NOTE: Regis	itered Agent si	gnature required when reinstating)	DATE			
	Signature, typed		75. 3 A	48815 P.J.L		7 (4.k. 4) vs	gnature required when reinstating)	DATE			
9. This corpo	Signature, typed	e to satisfy its Intang	ible FILE NO	WIII FE	E IS \$150.0	0, 34, 5, 5	10. Election Campaign Finar		\$5.0	00 May Be	_
9. This corpo	Signature, typed		ible FILE NO) 	E IS \$150.0 e will be \$5	0 50.00	-		\$5.0 Adde	00 May Be	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ACCRESS CITY-ST-ZIP

CITY-ST-ZIP MLE

SIG	N	ΔΤΙ	IRE

PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/01

STREET ACCRESS CTTY-ST-ZIP

STREET ADDRESS

NAME