## Secretary of State 05-14-2001 90216 044 \*\*\*150.00

| A0065606  DOCUMENT # 900000000000000000000000000000000000   | 2001                              | UNIFORM BUS  | NESS REPO  | RT                   | (UBR)              | •                              | •                          |               | i kai<br>E              |  |
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| LO SO S Federal History HIVD Debug Reach F1 83453  Priviligal Place of Business Suite, Apt 6, etc.  City & State City & St  | Que                               | stmortgage   | dre  |                      |                    |                                |                            | <b>∄</b> 5.   |                         |  |
| Suite. Apt. 4, etc.  Suite. Ap  | Principal Place LOSO 47/40        | of Business<br>So fedoral His  | Mailing Address  | <del>7</del>         | me                 | A.                             | )065 <b>60</b> 6           |               |                         |  |
| Suth Apt 6, etc.  City & State  |                                   |  | <del></del>  | ,                    |                    |                                |                            |               | k<br>s j komuniyan<br>e |  |
| St. Country   Zip   Country   St. Certificate of Status Desired   St. 75 Additional   | Same                              |  |  |                      |                    | DO NO                          | DO NOT WRITE IN THIS SPACE |               |                         |  |
| 20 Country   21p   Country   5. Certificate of Status Desired   5.75 Additional Fow Regulatorial Fow Regulat  | City & State City & State         |  |  |                      |                    |                                |                            |               |                         |  |
| Street Address of New Registered Agent    Name   Na  | Zip                               | Country  | Zip  | Coun                 | try                | 5. Certificate of Status De    | stred .                    | \$8.75 Add    | ditional                |  |
| Street Address (P.O. Box Number is Not Acceptable)    City  |                                   | 6. Name and Address of Current   | Registered Agent   | <u> </u>             |                    | 7. Name and Address of         | New Registered             |               |                         |  |
| The above named entity aubmits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.    Change   Ch  | Greg todd                         |  |  |                      |                    | (P.O. Box Number is Not Acce   | eotable)                   | <u> </u>      |                         |  |
| 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.    Comment   | Same                              |  |  |                      |                    |                                | 11/1/                      |               | '-                      |  |
| IGNATURE    Separative, typeed or pretect name of implement agent and title if applicable.   (NOTE: Repotational Agent plymiture required when reletative)   DATE   Agent MAXI 12 poul 1   Fee; will be \$550.00     Afger MAXI |                                   |  |  |                      | City FL Zip Cool   |                                |                            |               | 8                       |  |
| MAKE NY-ST-ZPP  TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZPP  TILE NAME STREET ADDRESS CITY-ST-ZPP  TIL  | Tax filing re<br>(See ortteri     | equirement and elects to do so, a on back)  OFFICERS AND   | After MAY 1 (20<br>Make Check Payal<br>DIRECTORS           | 01 Fee<br>le to D    | will be \$550.00   | Trust Fund Cont                | tribution.                 | ☐ Added       | d to Fees               |  |
| MAKE RECT ADDRESS   | AME<br>Treet adoress              | from bent, Secretary to  | Treasurer Delete   | NAM<br>Stre          | ET ADDRESS         |                                |                            | ☐ Change      | Addition                |  |
| MEET ADDRESS TY-ST-ZP    Delete   TITLE   Change   Addition   | MEET ADDRESS                      |  | ☐ Delete   | NAM<br>STRE          | E<br>Et adoress    |                                |                            | Change        | ☐ Addition              |  |
| TITLE  MAKE  STREET ADDRESS  IT'-ST-ZIP  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TO Delete  TITLE  MAKE  STREET ADDRESS  TY-ST-ZIP  TO Delete  TITLE  MAKE  STREET ADDRESS  TY-ST-ZIP  TO Delete  TITLE  MAKE  STREET ADDRESS  TY-ST-ZIP  TY-ST-ZIP  STREET ADDRESS  TY-ST-ZIP  STREET ADDRESS  TY-ST-ZIP  STREET ADDRESS  TY-ST-ZIP  STREET ADDRESS  STREET ADDRES  | ME<br>TREET ADDRESS               |  | Delete   | NAM<br>Stre          | ET ADDRESS         |                                |                            | ☐ Change      | Addition                |  |
| TILE  MAKE  MAKE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TUE  MAKE  TITLE  Delete  TITLE  Delete  TITLE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TUE  MAKE  STREET ADDRESS  CITY-ST-ZIP  TUE  MAKE  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  3. I hereby certify that the information supplied with this filling does not qualify for the exposurement of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusture 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.  SIGNATURE:  | TLE<br>NAME<br>TREET ADDRESS      |  | ☐ Delete   | NAM<br>STRE          | E<br>Et address    |                                |                            | ☐ Change      | Addition                |  |
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| RET ADDRESS  N. 51-29  I. I hereby certify that the information supplied with this filling does not qualify for the vertex of the corporation 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.  IGNATURE:   | ry-st-zip                         |  | ,  | CITY                 | -ST-ZIP            |                                |                            | ☐ Ch          |                         |  |
| 3. 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 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 cath; 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.  SIGNATURE:   | AME .                             | رائدان المستدار المستدارات   | ∟i Delete  | NAM                  | E                  |                                |                            | ∪ unange      | L) Audition             |  |
| 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.  SIGNATURE:   |                                   | malf. that the index and a local transfer  | Bhia Billian dan and a similar                             |                      |                    |                                | a - p                      |               | 2 2 - 2 - 2             |  |
|   | indicated of the corp<br>changed. | on this report or supplemental report is<br>contain or the receiver or trustee empor<br>or on an attachment with an address, the containing the c | true and accurate and that<br>wered to execute this report | my signa<br>as requi | ture shall have th | e same legal effect as if made | under oath: that I         | am an officer | or director             |  |