FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

TPARC TNC.



DO NOT WRITE IN THIS SPACE

ME.	

FILED	
May 05, 2003 8:00 am	Ì
Secretary of State	

05-05-2003 91780 034 ***150.00

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2. Principal Pla	ace of Business	3. Mailing Address /7755 //41	W T	7.4.4	1				
Suite, Apt.	170 1-01- 10 1	Suite, Apt. #, etc.	<u>* //</u>	RAK N	J ,	DO NOT WRITE	in this sp	ACE	
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable			
Zip Country		^{Zio} 33478	/			5. Certificate of Status Desired See Required			
			<u>.</u>		7. Nan	ne and Address of Current R	egistered A	gent	
			Name C	ريريا	IN DOWNEY				
er i Historia eta eri	DO_NOT_V	VRITE		Street-Addre	ess (P.OBo	x Number is Not Acceptable)-			
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					ITER		FL	ZIP 3034 7-54	
	named entity submits this statement	for the purpose of changing its	s register	ed office or reg	gistered age	nt, or both, in the State of Flori	da. I am fam	iliar with, and accept	
the obligation	ons of registered agent.						. , .		
SIGNATURE _		COUN	1 7-	Down	RY	9	128/0	3	
	Signature product or printed name of registered age	nt and the if applicable. (NOT	E: Registere	ed Agent signature re	equired vinen rein	stating)	DATE		
	After May 1, Fee is \$550.00					9. Election Campaign Final	ncing	\$5.00 May Be	
Make Check	Amended UBR is \$61.25 Payable to Florida Department	of State				Trust Fund Contribution.		Added to Fees	
10.	to the control of the	D-DIRECTORS	AND THE REAL PROPERTY.		NO CONTROL		1.712 Server vis.	ration during	
TITLE	PRESIDENT		TITL	E				(12/02)	
NAME	COLIN T. DOUSNEY	,	NAN		Tarati da la se			12	
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CITY-ST-ZIP			Albert Green	-ST-ZIP			* * * * * * * * * * * * * * * * * * * *	. With worther administration for a	
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12. I hereby co	ertify that the information supplied w	ith this filing does not qualify fo	r the exe	mption stated i	in Section 1	19.07(3)(i), Florida Statutes. I f	urther certify	that the information	

indicated on this report or supplemental eport 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 true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all after like empowered.

SIGNATURE: