CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

| Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Status Desired Status Desire | 1. Entity Nam | | 0104369 s, inc. | | | Secretary (| | | |
|---|---|--|--|---------------------------------------|-------------|---|----------------|----------------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Cartificate of Status Desired 88.75 Addition Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits time state of Forida. Signature This corporation is eligible of satisfy its Intangible Signature of the application of the State of Forida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State International Country Signature of the application of the State of Forida. Signature of the application of the State of Forida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State International Country of the State of Forida of the State of Forida. Signature of the State of Forida. Signature of the State of Forida. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State International Country of the State of Forida. Signature of the State of Forida. Signature of State o | 8145 NW 39 ST CORAL GABLES FL 33065 | | 8145 NW 39 ST CORAL-GABLES FL 33065 | | | - | | | |
| City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code R. The above named entity submits this state of Forida. Stignar Ture Street Address (P.O. Box Number is Not Acceptable) Attention of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Stignar Ture Stignar Address Stig | 2. Principal P | lace of Business | 3. Mailing Address | | | | | | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addrife Fee Requirement Agent \$8.75 Addrife Fee Requirement Agent \$7. Name and Address of New Registered Agent \$7. Name and Address of New Reg | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | _ . | | | | |
| See Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$8.75 Addition | City & State | | City & State | | 4. 1 | 4. FEI Number 65-1053571 Applied For Not Applicable | | | |
| Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this stateon This corporation is eligible by satisfy its mangible Lack alling requirement any elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME SIRECT ADDRESS CITY-ST-2P CORAL SPRINGS FL 33065 TITLE NAME SIRECT ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TIT | Zip | Country | Zip | Country | 5. (| Certificate of Status Desired | \$8.75 Add | itional | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered Agent | | 7. N | lame and Address of New Registers | ed Agent | | |
| SIGNATURE Signature Signa | | | | Name | | | | | |
| 8. The above named entity submits this statement of purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Stynature (propose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Stynature (propose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Stynature (propose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SATOR SANOT SIGNATURE SIGN | | | | Street Addr | ess (P.O. B | s (P.O. Box Number is Not Acceptable) | | | |
| 8. The above named entity submits this state of Florida. SIGNATURE Shature types of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Shature types of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Shature types of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Shature types of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE | | | | | | | | | |
| SIGNATURE Specime types to the component and the laptecable. This corporation is eligible to satisfy its intangible to so. (See criteria on back) Trust Fund Contribution. See criteria on back Sineer Adoress City -St-2P Title Delete Title | | | | City | | F | Zip Code | <u> </u> | |
| After May 1, 2002 Fee will be \$550.00 (See criteria on Dack) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Change Change Trust Fund Contribution. T | SIGNATURE _ | Signature, typed or violed ame of replatered agent a | 3. and title if applicable. (NOTE: | Registered Agent signature re | | | E | | |
| TITLE NAME AVILZA, JACOB TIESE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Tax filing re | equirement and elects to do so. | After May 1, 2002 | 2 Fee will be \$550. | | , , , | \$5.0 Added | 0 May Be to Fees | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | AVILZA, JACOB HEBER 8145 NW 39 ST | □ Delete | NAME STREET ADDRESS | | | ☐ Change | ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. | NAME STREET ADDRESS CITY-ST-ZIP | artify that the information synollist with | | NAME STREET ADDRESS CITY-ST-ZIP | in Castina | 10.07(2)() Florido Chiana Li | | Addition | |

indicated on this report or supplemental report is the 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 of trostee emporation because 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #