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

FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90362 005 ***150.00

DOCUMENT #	P000001144	59
1. Entity Name	10000011	\cup I
	Corporation	• •
/ -	orporation	



	DO NOT WRITE	IN THIS SI	PAC	Ε				
2. Principal I	Place of Business So. Parrott Are	3. Mailing Address						
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	chobee FL,	City & State		4.	FEI Number 5-106 9 1 4	<i>O</i>	Applied For Not Applicable	
Zip 34974.	.4344 Oreechobee	Zip Country		у	5.	5. Certificate of Status Desired Security Fee Requirements		
Sau	DO NOT WE IN THIS SPA			Street Ad	015	Box Nymber is Not Acceptal	ole)	Agent
			Teec	hobee	FL	Zip Code 34974-42!		
	e named entity submits this statement for t tions of registered agent.		registerec	l office or i	registered a	gent, or both, in the State of I		miliar with, and accept
	Signature, typed or printed name of registered agent and nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	tate	hegisterro A	gest signatur	g reguned when	9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees
10.	OFFICERS AND DI		1					
TITLE HAME STREET ADDRESS CITY-ST-ZIP	Pragna Menta 2285 SW 372 Co Okechobee, FL.	Pres. urt 34974	TITLE NAME STREET CITY-S	ADORESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Praful Menta- 2285 SW 3rd Co. Okeechobee FL, 3	Sec) Treas.	TITLE	ADORESS		······································		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE HAME STREET CITY-S	ADDRESS 1-ZIP		DO NOT	WRIT	ΓE
title Name Street address : City-St-Zip		,	TITLE NAME STREET CITY-ST	aduness 1-21P		IN THIS	SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADORESS - ZIP				
TIFLE NAME STREET ADDRESS CHY-ST-ZIP			THILE HAME STREET CITY-ST	ADDRESS - ZIP			···	

12. I hereby contily 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 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 10 or on an attachment with an address, with all other like empowered.