FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State

03-25-2002 90037 026 ***150.00

DOCUMENT # P 0100000 13	86
USA GUARANTOR	\bigcirc
U311 GUNZIII	CURP

USA GUARANTOR CO	PP			
DO NOT WRITE IN THIS SP	ACE			
2. Principal Place of Business 16 // Collins Ave 16 7 // Coll Suite, Apt. #, etc. 2/0 Suite, Apt. #, etc.	lins Ave	DO NOT WRITE IN THIS	SPACE	
City & State Sunny Isles FL Sunny IS Zip Country USA 33160	les FL Country	4. FEI Number 65 − 10733 // 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional	
33160 USA 33160	USA		Fee Required	
	Name	7. Name and Address of Current Registered	I Agent	
DO NOT WRITE	Name SERC	uei /chernyk	iei Tchernyka	
DO NOT WRITE	Street Address (F	O. Box Number is Not Acceptable)	001210	
IN THIS SPACE	16 / //	COLEINS AVE	<u>up 1 210</u>	
	City Sunn	ry /s/es FL	Zip Code 33160	
8. The above named entity submits this statement for the purpose of changing its re-	gistered office or registere	agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or plinted name of registered agent and title if applicable. (NOTE: R	egistered Agent signature required	when reinstating) DATE	02/02	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended 1 Make Check Payable	/ 1 Fee is \$150,00 Fee is \$550.00 JBR is \$61.25 to Department of Stat	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				
NAME STREET ADDRESS 16-7-1-Collins-Averapt 210 CITY-ST-ZIP SUMME 168 FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	e . V mago grand hage e ganggreen had ay e	·	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

NYKN, President