<ol> <li>Entity Nar</li> </ol>	2 UNIFORM BUSI         JMENT #       P01000         Main Hall Event Centre, IN	0032317	ORT (UBR)		Sec	03, 2002 8 cretary of 13-2002 90253 025	State
Principal Place of Business 17850 NORTHWEST 2ND STREET SUITE 200 O C. PEMBROKE PINES FL 33029		Mailing Address 1730: NORTHWEST 5TH STREET SUITE 204 PEMBROKE PINES FL 33029					
2. Principal I	Place of Business	3. Mailing Address		$\neg$			
Suite, Apt		Suite, Apt. #, etc.		-	DO NOT	WRITE IN THIS SPACE	
ZØ Číty & Sta		City & State	•••••	4. F	El Number		Applied For
 Zip	Country	Zip	Country		65.1127	Ê0 75	Not Applicable
•	6. Name and Address of Current Re	eaistered Agent			Certificate of Status Desi lame and Address of N	Fee Requ	
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	D, SIXTA		Street Addre	ss (P.O. B	ox Number is Not Acce		: <del>استوجیت دی</del>
SUITE 20	•						
	ke pines fl. 33029		City		······	- Zin C	<u> </u>
	e named entity submits this statement for the					FL Zip C	ode
IGNATURE .	Signature, typed or printed name of registered agent and	3 title if soplicable. (NO	TE: Registered Agent signature requ	uned when reis	nstating)	DATE	
Tax liling r	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so, tria on back)	FILE NOW After May 1, 20 Make Check Paya	VTE: Registered Agent signature requ /111 FEE IS \$150.00 002 Fee will be \$550.00 uble to Department of S 12.	0 State	10. Election Campaig Trust Fund Contri	n Financing \$5. bution. Add	.00 May Be ed to Fees RS IN 11
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