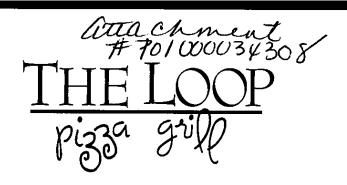
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100034308 TWO HEARTS, INC.						FILED			
				•		02 SEP -9 PM 12:	27		
Principal Place of Business Mailing Address PRICE MADI SE DOAD. PRINCIPAL MADI SE DOAD.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
B856 MARLEE ROAD JACKSONVILLE FL 32222 JACKSONVILLE FL 32222				TALLAHASSEE, FLÖRIDA					
Principal Place of Business 3. Mailing Address				I IDDIFEDI JIF BAIRI NIDIT BAIRI ADIN DONTO NINI BAIRO NINI BAIRA HAN SANDO NINI BAIRA NINI BAIR					
Suite, Apt. #, etc. Suite, Apt. #, etc.					_	DO NOT WRITE IN THIS SPACE			
City & Sta	City & State	ity & State			4. FEI Number Applied For				
Zip	Country	Zip Country			Certificate of Status Desired	\$8.75 Add	ot Applicable		
	6. Name and Address of Current R	ealstered Agent	 1			Name and Address of New Registered	Fee Require		
		giotorou		Name		Traine and Address of New Progratured	- Mont		
FELICIANO, RODOLFO				Street Address (P.O. Box Number is Not Acceptable)					
8856 MARLEE ROAD JACKSONVILLE FL 32222									
UACHOO!	WILL I L UZZZZ		-	City		FI	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere		nistered ac		- '		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re FILE NOW!!! After September 13, 2 Make Check Payable				ee will be \$	- 150.0 750.00	10. Election Campaign Financing		0 May Be	
11.	OFFICERS AND D	***	12.		ΑC	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELICIANO, RODOLFO 8856 MARLEE ROAD JACKSONVILLE FL 32222	☐ Delete	NAME STREE CITY-S	T ADDRESS ST-ZIP		800007662: -09/11/020 ****150.00	10440	01	
TITLE NAME	SD FELICIANO, ROSITA	☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	8856 MARLEE ROAD JACKSONVILLE FL 32222			I ADDRES\$					
TITLE _ NAME STREET ADDRESS CITY-ST-ZIP	VPD————————————————————————————————————	Delete	TITLE NAME	r address	-		Change	☐ Addition	
TITLE	TD	☐ Delete	TITLE			17674	Change	Addition	
NAME Street address	FELICIANO, ALVIN 8856 MARLEE ROAD		NAME STREET	ADDRESS				1	
CITY-ST-ZIP	JACKSONVILLE FL 32222		CITY-S	ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ADDRESS			Change	☐ Addition	
TITLE	**************************************	☐ Delete	CITY-S	51 - 41F			☐ Change	Addition	
NAME		_ Doloic	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS					
13. I hereby o	pertify that the information supplied with the	nis filing does not qualify for t	the exem	ption stated	in Section	119 07(3)(i) Florida Statutes I further co	tify that the in	formation	
indicated	on this report or supplemental report is tr poration or the receiver or trustee empow	ue and accurate and that my	y signatu	re shall have	the same I	legal effect as if made under oath: that I.	em an officer	or director	

SIGNATURE:

8/21/02 (904) 541-0097



August 21, 2002 Uniform of Business Filing Report

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302

Dear Madam or Sir:

I apologize for the tardiness of the first filling, but my family and I just opened our restaurant and the first filling must have been lost in the shuffle. I spoke to Mark in your office and he stated it would be okay to pay the first filling amount of \$150 dollars.

Thank you,

Arnold V. Feliciano

Quell, Leliuin

Vice President

Two Hearts, Inc.

Enclosure (1)