2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000037242

1. Entity Name



Apr 08, 2003 8:00 am Secretary of State

04-08-2003 90092 050 ***150.00

FERN VA	ALLEY, C	O.													
Principal Place of Business 1155 BRICKELL BAY DR #1002 MIAMI FL 33131			25 S.I #1105	Malling Address 25 S.E. 2ND AVE #1105 MIAMI FL 33131											
2. Principal F	Place of Busin	ness	3. Maili	ing Address					III ARIBI MALI	i vi lii i b iii				11010 1101 ISO1	
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.					CHECK	HERE IF	MAKIN	IG CHA	NGES		
City & Stat	te		City &	City & State			4.	4. FEI Number 02-0552500 Applied For Not Applicable						7	
Zip		Country	Zip	چ ۴ - حدیورا،	Coun	•	5. (Certificate of	Status Des	sired			75 Add Required	itional	1
	6. Name	and Address of Curre			1		7. 1	Name and A	ddress of	New Rec	istered				-
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MILNE. A	OBERT A							<u> </u>	. 11-1-1						4
	AVENUE					Street Ad	aress (P.O. E	Box Number i	s Not Acce	eptable)					1
SUITE 11								· <u>··</u>						•	1
MIAMI FL						City		•••	•		F	L Z	ip Code		1
	named entit	y submits this statement tered agent.	t for the purpo	ose of changing its	registere	ed office or r	egistered ag	ent, or both,	in the State	e of Florid	da. I an	n familia	ar with,	and accept	1
SIGNATURE															
	Signature, typed	or printed name of registered ag	ent and title if appli	icable (NOT	E: Registere	d Agent signature	e required when re	einstating)			DATE				
			ent and title if appli	icable (NOT	E: Registere	d Agent signature	e required when re	einstating)			DATE				
	ILE NOW!	or printed name of registered ag		icable (NOT	E: Registere	d Agent signature	e required when re	9. Elect	ion Campa		ncing			O May Be	_
Afte	ILE NOW!	!! FEE IS \$150.00	00	icable. (NOT	E: Registere	d Agent signature	e required when re	9. Elect	ion Campa Fund Cont		ncing			O May Be to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

ure recuired AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR