FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

		· · · · · · · · · · · · · · · · · · · ·		y or state
DOCUMENT # PO10000 39926 1. Entity Name Spacics, Inc.			04-29-2002 90086 003 ***150.00	
1. Entity Name	Tac			
Spacics,	TUC, //	\		
		<u>) </u>		
DO NOT WRIT	E IN THIS SP	ACE		
2. Principal Place of Business	3. Mailing Address	$a \mapsto a \mapsto b$		
0775 Village Club Cir. N. 10775 Village Club Cir N. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
#203	# 203 City & State		4. FEI Number	Applied For
St. Patarsburg, 7LSt. Retorsburg, 7C		105-1119089	Not Applicable	
zip Country J 33716 USA	33716	CUSA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		- Name	7. Name and Address of Current Registers	d Agent
DO NOT	MOITE	Samo	intra Hall	
10775			(P.O. Box Number is Not Acceptable) Villogo (P.D. Cir. N.) #203	
IN THIS S	PACE		· · · · · · · · · · · · · · · · · · ·	
		city 5+.	Patarshura Fl	Zip Code 3371(0
8. The above named entity submits this statement	nt for the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.	
	- M do	$\bigcup \ell$	M-08-02	a
SIGNATURE Signature, typed or printed name of registered a	agent and title if applicable. (NO1L:	Registered Agent signature require	ed when reinstating) DATL	
9. This corporation is eligible to satisfy its Intang	January 1 - Ma	y 1 Fee is \$150.00 , Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)	Amended	UBR is \$61.25 e to Department of St		Added to Fees
11. OFFICERS A	AND DIRECTORS			
TITLE P/V/T/5/D NAME Samantha Ho	. 1/	NAME		
STREET ADDRESS 1077,5 Uillage 6	2106 Cir. N, #20			
CITY-ST-ZIP St. Patarsbur	9,7L 33716	CITY-SI-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS		STREET ADDRESS		}
City-ST-ZIP		CITY-ST-ZIP TITLE		
TITLE NAME		NAME		1
STREET ADDRESS		- STREET ADDRESS CHY-ST-ZIP	DO NOT WR	
CITY-ST-ZIP TITLE		TILE	IN THIS SPA	
NAME		NAME	IN THIS SPA	CE
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		İ
CITY-ST-ZIP		- · ·	Section 110 07/3\(i) Elected Statutes (further of	ertify that the information
I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee attachment with an address, with all other till.	CHIDOMETER IN EXECUTE THIS LEDGE	the exemption stated in y signature shall have the as required by chapter	Section 119.07(3)(i), Florida Statutes. I further of e same legal effect as if made under oath; that (607, Florida Statutes; and that my name appear	