FOR UNIFORM	PROFIT C	ORPORAT SS REPOR	ion T (UBR)		_	FILED , 2002 ary of	8:00 am State	
DOCUMENT #	P01000	058/57				2 91751 048 **		
Windsor 2)				
						• • •		
DG NO	E WRITE	IN THIS S	SPACE					
2. Principal Place of Business	st hest St.	3. Mailing Address	hwest For	t-St				
Suite Apr Wetc. flack		Sume Apr. +. Plus	<u>.</u>		DO NOT WRITE IN THIS SPACE-			
City of State -	1_	City & State	<u> </u>	4. FE1 Nur			pplied For	
^{Zip} 33130 ^{Co}	ÜS A	Zip 33130	Country 45A		10972	7 · N	ot Applicable	
Jorso			<u> </u>		ate of Status Desired d Address of Current Re	Fee Require		
.	NOT WE		Name	DARIA L	. Alfalo	Areas of Affaur		
			Street Add	dress (P.O. Box Nur	nber is Not Acceptable),	Skart	I.	
			<u> </u>	u r	il :			
8. The above named anti-			City	Musici		FL 23	30.	
8. The above named entity subm	ans this statement for th	ie purpose of changing i	ts registered office or re	egistered agent, or l	ooth, in the State of Florid	3.		
SIGNATURE Signature. typed or printed	d name of registered agent and	tile l'applicable. (NC	NL: Registered Agent signature	(Council when ministring)				
 This corporation is eligible to Tax fitting requirement and ele (See criteria on back). 	satisfy its Intangible ects to do so.			10. 1	Election Campaign Finance	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	O May Be to Fees	
11.	OFFICERS AND DIF	RECTORS						
NAME BARTEL	STANLEY J.						(12 [/] 01)	
STREET ADDRESS 46 J.W. L		The Floor				ann geannach ann. Na Stàitean Stàite	е (1) (1)	
TITLE VSD	<u>MC 03130</u>	_ · ·					CR2E03	
STREET ADDRESS 46 S. W.	KAREN INT ST #1.	L FLOIR	Similar Sciences	a the second			8 C C	
CITY-ST-ZIP MI OMI	FL 33134	<u> </u>				la de la constante da la Constante de la constante		
NAME -			ini Marine di Statione de la companya d	inter de la compañía Referencia de la compañía				
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STREET ADDRESS CITY - ST-ZIP			SUBJECT OF	a na sini Na sina				
TITLE	<u></u>		CONDUCTORS OF CONTRACTORS	a Transversionen Referense				
NAME STREET ADORESS				ana ana ang ang ang ang ang ang ang ang	elen e la esta	a Nasara ing Kabupatén Kab		
CITY - ST- ZIP								
TITLE NAME								
STREET ADDRESS CITY- ST- ZIP	· ·							
 I hereby certify that the informating indicated on this report or support of support o	ation supplied with this plemental report is true	filing does not qualify for	the exemption stated in	in Section 119.07(3)	(i), Florida Statutes. I furth	er certify that the info	ormation	
indicated on this report or sup of the corporation or the recei- attachment with an address, w	Ver or trustee empowe	and to execute this some	rt as required by Chapt	ure same legal effe ter 607, Florida Statu	ct as if made under oath; ites; and that my name a	that I am an officer o ppears in Block 11 o	r director x on an	
SIGNATURE:	ten & 1	file STA	NLEY J. T	3 ARTEL	4-25-02	305 358	-24/	
SIGHA	TURE AND TREE OR PRINTE	D HAME OF SIGNING OFFICER		······	Uate	Daytime Phone #		