FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90325 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

क्षांसीत महित्राको है। उद्यान कर्ने क्या रूप रहें । रूपीयिश हैं स्ट्रीय है । हे क्या कार्र

-P010000 71430 DOCUMENT # 1. Entity Name THYDOLD MA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3375 SW 147th LANERO 3375 SW 147TH LAWERD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE · City & State Applied For 9 3732231 Not Applicable Country USA CountryUSA \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address Box Number is Not Acceptable IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME NAME 3375 SW 14712 LANGRO STREET ADDRESS STREET ADDRESS EL. 344173 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST- ZP TITLE ... TITLE NAME -NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or on an