## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3

## DOCUMENT # POIDODO71717 1. Entity Name HAGAN, YOLLY, TIALLETTE, PRICE INVESTMENT GROUP, INC.

## FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90337 041 \*\*\*163.75

DO NOT WRITE IN THIS SPACE				
			657680	
Suite, Apt. #, etc. S	TE .	DO NOT WRITE IN THIS SPACE		
City & State C	WITE 102 : IV & State 11 AM, FL	4. FEI Number		Applied For Not Applicable
2ip Country 2 33168 U.S.A. 33	73168 Country U.S.,		Fe	8.75 Additional e Required
DO NOT WRITE IN THIS SPACE  7. Name and Address of Current Registered Agent  Name  Vol E HE ANFOINE  Street Address (P.O. Box Number is Not Acceptable)  1305 N.W. 303 STREET				
	City	MIAMI	FL	Zip Code 169
SIGNATURE  Signates, typed or princed name of registered agent and title if  9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)	January 1 - May 1 Fee is \$  After May 1, Fee is \$550  Amended UBR is \$612  Make Check Payable to Departin	00 10. Electi 5 Trust	on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECT	TORS			
NAME SIREET ADDRESS CITY-SI-ZIP  MIAMI, FC 536	ST. STREET ADDRES	\$ .	* * * * * * * * * * * * * * * * * * * *	
TILLE S LISNA A. CHA, NAME STREEL ADDRESS 1305 N.W. 203 CITY-ST-ZIP MIAMI, FL3.	57. STREET ADDRES	is .	· · · · · · · · · · · · · · · · · · ·	
TITLE V NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE T MIAMI, FL 331,  TITLE T MICHEL JEAN  NAME  2-8 N. E. 48 9  STREET ADDRESS  THE TADDRESS  TH	AN TITLE INAME STREET ADDRES GITY-ST-ZIP	s DC	NOT WRIT	<b>E</b>
TITLE T MICHEL JEAN NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33/	TITLE NAME STREET ADORES	6 .	THIS SPAC	<b>E</b>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	. TITLE	is	-	
TITLE NAME STREET ADDRESS	THILE NAME	200		

13. 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 eath; 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST- &P

Hatterton, 40 lette Antoine

4/29/02 249-4566