## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000075485 **DOCUMENT #** 1. Entity Name

## May 05, 2003 8:00 am § Secretary of State 05-05-2003 91869 021 \*\*\*150.00 **FILED**

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Sulte, Apt. 8, otc.  City & State  City & State  City & State  Country  S. Countrible  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Ac	6540 NW 114 AVE #1421M		#1421M- MIAMILIFE 33178 MIAMI, FC			<b>3</b> 3 8		1111 1111 1111 1111 1111 111		U.O. U.U. U.O.		
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S. Name and Address of Current Registered Agent  S. Certificate of Status Desired   \$8.75 Additional Fee Required  S. Certificate of Status Desired   \$8.75 Additional Fee Required  Sincert Address of New Registered Agent  City   FL   Zip Code  FL	· Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HER	E IF MAKING	CHANGES			
S. Certificate of Status Desired   Fee Required   F	City & Stat	е	City & State			4. FEI	Number 65-114530	0				
S. Name and Address of Current Registered Agent   Name	Zip	Country	Zip		Country		<b>5.</b> Ce	rtificate of Status Desired				
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## 142 M MIAMI FL 33178  City FL Zip Code  ## 142 M City FL Zip Code  ## 142 M FL Zip Co	_	*			Na	ame						
#1421M MIAMIF. 33178  City FL Zip Code  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. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of the p				Street Addres			(P.O. Box Number is Not Acceptable)					
### City   FL   Zip Code    6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  ### Code		114 AVE			<u> </u>				<del></del>			
R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Ricrida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU												
SIGNATURE Suprames house or particular curve of registered agent and late if apolicable. (NOTE Registered Agent signature required when immatishing)  Affect May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridad Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP SENER, BURHAN C  SERET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delate  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delate  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delate  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAM	MIAMI FL	33178 <u>, , , , , , , , , , , , , , , , , , ,</u>			Ci	ty			FL	Zip Cod	е	
SIGNATURE   Speakers, typend or primed name by registemed agant and title if all policiable   INCTE Registered Aprint agrabative required when in-extracting)   DATE   DAT	the obligations of registered agent.											
Signature, hybrid to printed rance for the profit three sports and life if any place.  FILE NOW!!! FEE IS, \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  OPSINER, BURHAN C 6540 NW 114 AVE, #1421M  TITLE  OPERATION STREET ADDRESS  CITY-ST-27P  TITLE  NAME STREET ADDRESS  CITY-ST-27P  TITLE  OEdde  TITLE  OEdde  TITLE  NAME STREET ADDRESS  CITY-ST-27P  TITLE  OEdde  TITLE  NAME STREET ADDRESS  CITY-ST-27P  TITLE  STRET ADDRESS  CITY-ST-27P  TITLE  STREET ADDRESS  CITY-ST-27P  TITL		<u> </u>		<u> </u>			_					
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12. 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					.4							

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.