## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P010 PUSTRIES, INC.	000077598			Secretar 04-24-2002 90	y of Sta	ate
Principal Plac	ce of Business	Mailing Address	Mailing Address				
7812 NW 73RD AVE TAMARAC FL 33321		7812 NW 73RD AVE TAMARAC FL 33321	7812 NW 73RD AVE				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			iii oolii i <b>so</b> ii ioooi oiiio	10161 1011 1061
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		El Number 65-1141182	<del></del>	oplied For ot Applicable
Zip Country		Zip	Country	5. (		□ \$8.75 Add Fee Required	
	6. Name and Address of Cur	rent Registered Agent	N	7. N	Name and Address of New Regis	tered Agent	
				Name .			
RAMOS, MICHAEL H 7812 NW 73RD AVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
TAMARAC	C FL 33321		City			FL Zip Code	e
Tax filing i (See criter	Signature, typed or printed name of registered or oration is eligible to satisfy its Intangrequirement and elects to do so.	gible FILE NOW After May 1, 20 Make Check Payal	E: Registered Agent signature III FEE IS \$150.00 02 Fee will be \$55 ble to Department of	0.00 of State	10. Election Campaign Financi Trust Fund Contribution.	☐ Added	<b>0</b> May Be
11.		AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, MICHAEL H 7812 NW 73RD AVE TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition {
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indicated of the cor	certify that the information supplied on this report or supplemental rep- rporation or the receiver or trustee e or on an attachment with an addre	ort is true and accurate and that remove the control of the contro	ny signature shall hav as required by Chaot	e the same I	egal effect as if made under oath;	that I am an officer of	or director

SIGNATURE: MICHAEL H. RAMOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR