## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 19, 2002 8:00 am Secretary of State

Olari Okidi BoʻSilaESS KEPOKI (OBK)					, 03-19-2002 90015 038 ***150.00		
DOCUMENT #  1. Entity Name P 01000082721  LEBOM INTERNATIONAL COMPANY					4 & 3 U L 4		
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 5143 TERRA VISTA WAY   → SAME							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
ORLANDO - FL City & State City & State					4. FEI Number Applied Fol		
Zip Country	Zip	Covern		5	9-3738596		Not Applicable  8.75 Additional
7ip 32837 Country U.5	2.15	Cour	Country		Dertificate of Status Desired	٦ F	ee Required
The same of the sa	manifer trade for the control of the		Name Name		me and Address of Current		Agent
DO NOT W	RITE	P	Name NATALIA K. Alexander  Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SE		a.	5143	TE	RRA VISTA	WAY	
	S-3 Co Union		City				7in Code
			OKL			<u>FL</u>	32837
8. The above named entity submits, his statement in	or the purpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Fic		2.2
SIGNATURE Signature, typed or prints and incilisered ligens	and tide if applicable. (NOT	F: Registere	id Agent signature requin	ed what in		2-29-	02
This corporation is eligible to satisfy its Intangible	lonuon 1 - h		ee is \$150.00				
Tax filling requirement and elects to do so.  (See criteria on back)  After May 1, Fee is  Amended UBR is  Make Check Payable to De			s \$61.25	ate	10. Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees
11. OFFICERS AND	OFFICER	TITU	<u> </u>			(managed to 20 and 10 a	
TILE PIDIS T. (NEW OFFICER)  WANKE FREDERICO MACHADO RODRIGUES  COMMETTE ADDRESS  FREDERICO MACHADO RODRIGUES		NAM	1				
CITY-ST-ZIP 5143 TERRA VISTA	WAY   OKLANDO, 1	L STRE	ET ADDRESS -ST-ZIP				
INE DIRECTOR (DEL	·訂E)	TITLE	1				
MAME NAME WASHBURN, KENNETH TOGI GRAND NATIONAL DR. # 105 J		NAM STRE	ET ADDRESS				
CITY-ST-ZP ORLANDO, FL 328/9		CITY	-ST-ZiP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE NAME		TIŢLE	i				
STREEL ADDRESS	د بنجد دریکشد . با اود فیمنتید ما	SIR	ET ADDRESS		DO NOT	RIGIA	
CFTY- ST- ZIP			- ST-ZIP	*			
NAME NAME		NAM.	1		in this	SPAC	
STREET ADDRESS  GITY: ST-ZEP		n	ET ADDRESS - ST- ZIP				
HILE.		100					
NAME		NAM					
STREET ADDRESS CITY-ST-ZIP		1	ET ADDRESS - ST- ZIP				
Title		THU					
NAME STREET ADDRESS		NAMI STRE	E ET AODRESS				
CITY-SI-ZIP		CITY	- ST-ZIP				
13. I hereby certify that the information slopplied with indicated on this report or supplemental report is of the corporation or the receiver or trustes enty attachment with an address, with all of the like e	n this filing does not qualify for strue and accurate and that r powered to execute this report provered.	the exerny signated the record of the record	mption stated in S ture shall have the uired by Chapter (	ection 1 same I 507, Flo	(19.07(3)(i), Florida Statutes, I egal effect as if made under o rida Statutes; and that my nar	further certifi ath; that I am ne appears i	y that the information han officer or director n Block 11 or on an

Hachment
Hoch PO100082721
Howard PO100082721

LIMITED POWER OF ATTORNEY 425514

KNOW ALL MEN BY THESE PRESENTS that I, Frederico Machado Rodrigues, president of LEBOM INTERNATIONAL COMPANY, hereby appoint NATALIA R. ALEXANDER, a true and lawful attorney for me and in my stead for the following purpose:

- 1. Apply for, sign for, open bank account, and otherwise conduct business for the purpose of acquiring complete Licencing for the business, including occupational licences, and any other necessary licences.
- 2. I grant to Natalia R. Alexander in fact full power and authority to perform all acts to be done on or about the premises as herein described, as I could if personally present.

IN WITNESS W	HEREOF	I have hereunto	set my hands and seals this
9	day of	October	, 2001 at Orlando,
Orange County, I	Iorida.		<u> </u>

Name

STATE OF FLORIDA COUNTY OF ORANGE

BE IT KNOW, That on the day of October, 2001, before me Personally appeared, to me personally known who identified herself by Folder for and is known to be person described In and who executed the foregoing, and he acknowledged the Foregoing power of attorney to be his act and deed.

IN TESTIMONY WHEREOF, I have hereunto Subscribed my hand and affixed my seal of office the day and year Year last above written.

**NOTARY PUBLIC** 

Print\_\_

State of Florida

My Commission Expires:

