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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # PO1000084475 1. Entity Name					05-15-2002 90074 001 ***158.75	
PAPER	S NO MORE, INC.		J			
	OO NOT WRITE	IN THIS S	PACE			
2. Principal Place of Business 6227 SW 12 STREET Suite, Apt. #, etc.		3. Mailing Address 6227 SW 12 STREET Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number APPLIED FOR	Applied For Not Applicable	
^{Zip} 33144	Country USA	Zip 33144	Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
产品。 第4条			24.00	-	7. Name and Address of Current Registe	ered Agent
Name ABAD					MAYLENE	
Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 6227 S				SW 12 STREET		
				^{City} MIAMI	F	L ZigG3444
8. The above r	named entity submits this statement fo	r the purpose of changing its	registered	office or register	ed agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent	and tkie if applicable. (NOT	E: Registered A	gent signature required	when reinstating) DA1	TE.
	ation is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - M After May Amende Make Check Payal	1, Fee is ! d UBR is !	61.25	10. Election Campaign Financing Trust Fund Contribution,	\$5.00 May Be Added to Fees
11.					(0 - 52)	
	OFFICERS AND	10 March 10		产有工作为		
TITLE	D	10 March 10	ZIITLE SI		24. 227	
NAME	D ABAD, MAYLENE	DIRECTORS	IITLE NAMES		24. 227	
·	D ABAD, MAYLENE 6227 SW 12 STR	DIRECTORS EET	IITLE NAMES	ADORESS 2	24. 227	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ABAD, MAYLENE 6227 SW 12 STR MIAMI, FL 331	DIRECTORS EET	STREET / CITY ST	ADDRESS 7P	24. 227	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	D ABAD, MAYLENE 6227 SW 12 STR MIAMI, FL 331 D	DIRECTORS EET 44	STREET COTY ST	ADDRESS OF THE PROPERTY OF THE	24. 227	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ABAD, MAYLENE 6227 SW 12 STR MIAMI, FL 331 D ABAD, MACHER, M	DIRECTORS EET 44 ICHELLE	STREET COTY ST	ADURESS 77P ADURESS ADURESS	24. 227	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D ABAD, MAYLENE 6227 SW 12 STR MIAMI, FL 331 D	DIRECTORS EET 44 ICHELLE E #A111	NAME STREET	ADURESS 77P ADURESS ADURESS	24. 227	
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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 first 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 directed 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.

SIGNATURE!

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/02/02

305=377-4133

Daytime Phone #

CHZEUS#0 (12