FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # PD 1000087099		05-21-2002 90882 011 ***150.00	
TEE PEE Florida Sales	Inc,		
DO NOT WRITE IN THIS	SPACE		
2. Principal Place of Business HAPL 3. Mailing Address 13500 Sw 9th PL 13500.	SINGHAPL		
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Davie Florida Davie	Plorida	4. FEI Number Applied Applied Not App	
33325 Country A 33325	- Coupling 5	5. Certificate of Status Desired S8.75 Additional Fee Required	
i .		7. Name and Address of Current Registered Agent	
	Nape	Moher C	
DO NOT WRITE	Street Address (P.O. Box Number is Net Abgentable)	
IN THIS SPACE	1280	365 41146	
	Davie	PL 学等で	7,5
8. The above named entity submits this statement for the purpose of changi	ng its registered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	(when (enssating) DAIL	_
O This country is the latest the second to t	1 - May 1 Fee Is \$150.00	9999	
Tax filing requirement and elects to do so. (See criteria on back)	May 1, Fee is \$550.00 Inded UBR is \$61.25	10. Election Campaign Financing \$5.00 Mag Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS	ayable to Department of Sta		
THE POPULATION THE PO			-
NAME TESTOET	TITLE".		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS Dreja WHITE	STREET ADDRESS		888 E
ary-sr-zr 135005W 9TVP1 Davie 333	Cny. sr. zie		3 8
TIME Vice Precident	TIRE		CR2E034B (12/01)
NAME Pamola Rosale Davi	C NAME		B
STREET ADDRESS 800 20 1 1 FL 3	\$ 25 STREET ADDRESS		
CITY-ST-71P 0500 Old Country Mans (4)	COL CITY-51-71P		
TITLE NAME	tin <u>t</u>		
STREET ADDRESS	NAME Street address		
CITY-SI-ZIP	Criv st 110	DO NOT WRITE	
TITLE	TITLE		
NAME	NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	STREET ALLORESS		
	CITY-ST-ZIP		
TIFLE	TITLE		
STREET ADDRESS	name Street adoress		
C(TY-S1-1/P	CITY-ST-ZIP		
HILE	nae		7
NAME STREET ADDRESS	NAME		
STREEL ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY ST-189		
		er anne ar an anne an ann an	
13. Hereby certify that the information supplied with this filing does not qualified indicated on this report or supplemental report is true and accurate and it of the corporation or the receiver or trustee employees to execute this receiver.	hy fact has a competing asset of its Co-	tion 119.07(3)(i), Florida Statutes. Hurther certify that the informati	