## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 28, 2003 8:00 am Secretary of State

<del>-</del>	NIFORM BUSINE		(ARK)	<u> Secretary</u>	of State
DOCUMENT # Po 1000 0 97095				03-28-2003 90110 012 ***150.00	
U	SO FINANCE,	INC.			
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2. Principal P	lace of Business /880 ~6 /70 57	3. Mailing Address			
1-6970 NC 19th AVC 1 1.0 BOX 8			802201		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	PACE ,
City & Stat		City & State		4. FEI Number 65-1144674	Applied For
Zip	Country	AVENTURA Zip	Country		Not Applicable  88.75 Additional
707	162	33280		5. Certificate of Status Desired	Fee Required
(F1)(24) 2, (J)			Nama	7. Name and Address of Current Registered	Agent
Name Davio ETZION					
				P.O. Box Number is Not Acceptable)	
IN THIS SPACE					
	Selection of the selection of the selection of		City (	FL.	Zip Code 33/62
			NORTH	MINITI BEALLY	33/62
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.					
SIGNATURE Signature panel or printed come of registered agent and little if annificable. (NOTE: Registered Agent signature regulated when refirstating)  DATE					
SIGNATURE .	Signature, typed or printed name of registered agent or	nd title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. iii on back)	After May Amended	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	St. St. St. St. Company of the St.			ya komuniya mende
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NAME STREET ADDRESS	DAVID ETZION 18	80 NE 170 JT	NAME STREET ADDRESS 2.3		
CITY-ST-ZIP	HORN PIAMI BEACH FL		CITY ST 7P		
TITLE	VP		mie s 🖟 🚉		
NAME	SZYMON PROJECKI	200 NE 120 JE	NAME 1		
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NAME			NAME STREET ADDRESS	er ar vivale in the first are started	
STREET ADDRESS	p.		CITY-ST-ZIP		
40 1 h a a a b a a	certify that the information supplied with t	this filing does not qualify for	the exemption stated in S	ection 119.07(3)(i). Florida Statutes. I further cer	tify that the information
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 11 or on an attachment with an address, with all other like empowered.					