FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO 1000110794



May 05, 2003 8:00 am Secretary of State

05-05-2003 90207 039 ***150.00

(5 L	ollyba	NC MUZ	IC INC									
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2. Principal Place of Business 16/15 5W117 Aoc Same												
Suite, Apt. #, etc. NrT 21-A Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE				
City & Star	/	18	City & State			4. FI	S-715	1698	<u> </u>	Applied For Not Applicable		
Zip 15	,			Zip Country			5. Certificate of Status Desired See Required					
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 The above the obliga 	e named entity s ations of register	submits this statement for ed agent.	or the purpose of changing	g its registered o	office or reg	istered age	nt, or both, i	n the State of Flori	da. I am famil	iar with, and accept		
SĮGNATURE	Su	Le D	and title if applicable.	NOTE: Registered Age	- and cionalusa ra	urad whoe rein	motion)	4/120/	0 <u>\</u>			
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗈

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-205-4094

Daytime Phone #