FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	SS REPORT	(UBR)		. FİLE	T	
1. Entity Nam	MENT# JAYNES TEMPO	praciós ja			AMBE M.		2
	P01000 11520				OECEETABY	OF STATE	
					SECRETARY TALLAHASSE	E FLORIC	Ā
DO NOT WRITE IN THIS SPACE , 2. Principal Place of Business 3. Mailing Address							
2. Principal Pl	tace of Business GATEWAY AUF	EWAY AU	سے				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SP.			CE
City & State	rudo Glorida	City & State ONLANDO		4. FEII	Number -3757668		Applied For Not Applicable
Zip 3282	Country	32821	Country リン	5. Certi	ficate of Status Desired		.75 Additional Required
	2 ··· - 2 ·· · · · · · · · · · · · · · ·	Name -	7. Name and Address of Current Registered Agent				
	DO NOT WI		<u> </u>	HIA OTS Number is Not Acceptable	no		
	IN THIS SP	ACE		5013	GATEWAY	BUE	
			City	ORLAP		FL	Zin Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or i				
	Λ -					. 01	
SIGNATURE	Signature Origination of projective agent as	nd title if applicable. (NOTE	: Registered Agent signature	e required when remate	ng)	L Q (1	19.3
	nuary 1 - May 1 Fee is \$150.00 a After May 1, Fee is \$550.00 After May 1, Fee is \$61.25 Amended UBR is \$61.25 Payable to Florida Department of \$1.00 Payable to Florida Department of \$1.00 Payable to Florida Payable to Flor	g er salt. Groupe			Election Campaign Fine Trust Fund Contribution	• -	\$5.00 May Be Added to Fees
10.	OFFICERS AND D		T				
TITLE NAME	PD CU TURA OFFICE		TITLE NAME				
STREET ADDRESS	CYNTHIA OTERO 5013 CATEMAY AU ORLANDO Flory	e	STREET ADDRESS				٥
CITY-ST-ZIP	Orrando Floris	Th 35851	CRY-ST-ZIP			 	CDSEMAR (19/09)
NAME			NAME		رد المسمى ومسر ومسرو وسمر ومسرو الودر	و رستو وسر وار و	
Street Adoress City-St-Zip			STREET ADVRESS CATY-ST-ZIP	09	400023 9/16/0301092	003'',	₩61.25
TITLE			TITLE NAME	<u> </u>			
NAME Street Address	_		STREET ADDRESS	_	DO NOT		
TITLE			CITY-SI-ZIP TITLE				
NAME			NAME		IN THIS	SPACI	=
STREET ADORESS CITY-ST-ZIP			STREET ADORESS CTTY+ST-ZIP				
TITLE	<u> </u>		MLE		<u> </u>		
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP		<u>.</u>	CITY-ST-ZIP			····	
TITLE NAME			TITLE NAME				
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is reporation or the receiver or trustee emporation an address, with all other like emporation and address.	true and accurate and that movered to execute this repor	the exemption state v signature shall har	ve the same lega	t effect as if made under d	ath: that I am a	an officer or director
	C —	3 24			alilos		7-7-77
SIGNAT		ONTED NAME OF SIGNING OFFICER	OR DIRECTOR		Darle CTTG	HO 1.	-353 - 1139

1 9/16