FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 10, 2002 8:00 am Secretary of State

DOCUI 1. Entity Nam	CUMENT # PO1000118617				02-10-2002 90010 041 ***150.00	
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	יטאייטע			PACE		٠,
2. Principal P	lace of Business		3. Mailing Address			
2480 Timberview Drive- Suite, Apt. #, etc.			-2480 Timberview Drive. Suite, Apt. #, etc.		<u>DO NOT WRITE IN THIS</u>	SDACE
Juite, Apt.	#, etc.		Juite, Apt. F, etc.		DO NOT WRITE IN THIS	SFACE
City & State	,	ah Plani	City & State dNew Smyrna	Posch Fl	4. FEI Number 59–3759996	Applied For Not Applicable
Zip	Cou	untry	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
32168	V C	olusia	<u> 32168</u>	Volusia	7. Name and Address of Current Registere	Fee Required
Name						
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IN THIS SPACE						
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yan jak m	definition of the form of the	that very	the at the target man	R () () ()	w Smyrna Beach Fi	32168
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its intangible January 1 - May 1. Fee is \$150.00						
Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee Is \$550.00 After May 1, Fee Is \$550.00 And I Department of State Added to Fees						
11.		OFFICERS AND I	1	Die to Department of	State	TRACION NERVINA
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STREET ADDRESS				NAME STREET ADDRESS		
CITY-ST-ZIP				CITY ST ZIP	and the second s	Marie Marie Marie Committee
13. I hereby certify that the information supplied with this filling 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 supplemental report is true.						
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.						