FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE;

FILED May 01, 2002 8:00 am Secretary of State

| DOCUI 1. Entity Name | MENT # PO 100 | 05-01-2002 91521 006 ***158.75 | | | | | | |
|--|--|---|------------------|---|--|---|--|--|
| DE LABS | | | | | | | | |
| | DO NOT WRITE | IN THIS SI | AC | | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | harant . | | | | | |
| 3986 Fromenade Sq. Dr. 3936 Promena. Suite, Apt. #, etc. | | | ade c | of. Dr. | do not write in 1 | 'HIS SPA | CE | |
| 10t 5 2 | 5223 5223 | | | | 4. FEi Number Applied For | | | |
| City & State | | | | ida | 01-0664100 | | Not Applicable | |
| 32 8 3 | Country USA | 32837_ | Count — O | \$1 | 5. Certificate of Status Desired | Foe | .75 Additional Required | |
| L. All agents of the | | 7. Name and Address of Current Registered Agent | | | | | | |
| igus pilvenskalvistijsk Vijet dendrometer | SONOT WRITE | | | | 10 C. Sapijasžko (P.O. Box Number is Not Acceptable) | | | |
| Resident Annal Control of the Contro | | | | | | | 333 | |
| (Books in the same in order of | | | | | Promenade Sq. Dr. Apt. 5223 | | | |
| FL 3263 7 | | | | | | | 32637 | |
| 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 | | | | | | | | |
| 9. This corporation is clinible to satisfy its Intendible | | | | | | | | |
| Tax filing requirement and elects to do so. | | | d UBR i | s \$61.25 | 10. Election Campaign Financin Trust Fund Contribution. | " □ | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND D | Make Check Payat | | | Marketti T. J. Marketti ila ilika kalka Marketti kalkar iki Marketti Sir | epitos an org | | |
| MRE | 7 | L. | TITLE | | | nder viele endere de Ender Papel entre de de La de Libert de | [50] | |
| NAME STREET ADDRESS | Karol C. Sapijaszko 3736 Dromenide Sg. Dr. Apt. 5223 Orlando FL. 32837 | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | Orlando FL. 3283 | .7 | TITL | SI-ZIP | | alan kana. Parte | CR2E034 | |
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| STREET ADDRESS | * | | | SIRETI ADDRESS DO NOT WRITE | | | | |
| CITY-ST-ZIP | | | 70.00 | ST-ZIP WITE | | | | |
| TITLE NAME | | | HAM | ine. I prili pie indicate Maria della dell | IN THIS SP | ACI | | |
| STREET ADDRESS CITY-ST-ZIP | | | 100 | ET ADDRESS | | | | |
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| NAME | | | NAM | EI ADDRESS | | | The first was | |
| STREET ADDRESS CITY+ST-ZIP | | | 197.4 | ST-ZP CONTRACTOR | | area (Miller and Area) (Miller and Area) (Miller and Area) (Miller and Area) | | |
| FITLE | | | Fim | | | an J.H. | A TOTAL TOTAL | |
| NAME STREET ADDRESS | | | 8.4 | ET ADDRESS | | agranda radialdi. Sali di salidi di | ราการแบบการแกรมา กรุงกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระกา เมื่อเกี่ยวกระการแกรมายกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระ เมื่อเกี่ยวกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระการแกรมากกระ | |
| CITY-ST-ZIP | and the that the information and the state of | nie filien deen net make f | | ST-ZP | ction 110 07(3)(5) Sleetide See 11 | | that the information | |
| 13. 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 11 or on an attachment with an address, with all other like empowered. | | | | | | | | |