2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

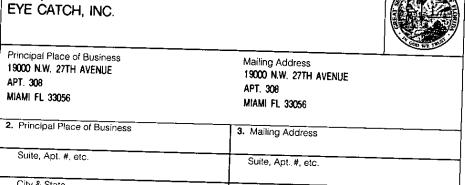
P02000007297

1. Entity Name



FILED Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90140 017 ***150.00





				1	. com .com net (84)1 (88) (88)	
Suite, Apt. #, etc.		Suite, Apt.,#, etc.				
City & State			_	☐ CHECK HERE IF MAKIN	JG CHANGES	
City & State		City & State		4. FEI Number Applied For		
Zip	Country	Zip		50-0005422	Not Applicable	
-			Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent		
ETIENNE, HERO	nne		Name-	Table und Address of New Registered	Agent	
			<u> </u>			
19000 N.W. 27T	h avenue	Street Addres		Address (P.O. Box Number is Not Acceptable)	ss (P.O. Box Number is Not Acceptable)	
APT. 308						
MIAMI FL 33056	1		J			
:			City			
The above comed antitude to				FL	Zip Code	
the obligations of	renistered agent	nt for the purpose of changir	ng its registered office or	r registered agent, or both, in the State of Florida. I am	f	
	· · · · · · · · · · · · · · · · · · ·			o say a saw with the state of Horida. Tam	ramiliar with, and accept	
IGNATURE						
Signature	typed or printed name of registered a	gent and title if applicable.	(NOTE: Popietare d A			
			(NOTE: Registered Agent signatu	ure required when reinstating) DATE		
THE N	ÓW!!! FEE IS \$150.00					

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ETIENNE, HERODE NAME ☐ Addition NAME 19000 N.W. 27TH AVENUE, APT. 308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 Block 11 if

SIGNATURE: