FOR PROFIT CORPORATION

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90162 045 ***150.00

UNIFORM BUSINESS REPORT	В
DOCUMENT # DATABAN 18410	

OCUMEN | # PU2000013418



Proper	ty Owners Resources	Inc.					
	DO NOT WRIT	E IN THIS	SPAC	E			
2. Principal Place of Business 3389 Sheridan St 3389 Sheridan St							
Suite, Apt #266	Suite, Apr. #, etc. Suite			DO NOT WRITE IN THIS SPACE			
City & Star Hollywoo		City & State Hollywood FL			4. FEI Number 62-1859743 Applied For Not Applied by		
Zip 33021	Country USA	33021	Count	lry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
					7. Name and Address of Current R	egistered Agent	
	50 MOTA			Name Clyde E	Blaco	_	
100	DO NOT V	. Non a serial de la Contraction de la Contracti		Street Address (P	O. Box Number is Not Acceptable)		
	IN THIS SPACE 3924 CLEVE					The state of the s	
				City Hollywoo	od	FL Zip Code 33021	
8. The above the obligat	named entity/submits this statement ions of registered agent.	t for the purpose of chang	ing its registere	ed office or registere	ed agent, or both, in the State of Florid	ta. I am familiar with, and accept	
	Mudalt	Phase			2/2	1/63	
SIGNATURE	Signature, typed or printed name of registered ap	ent and the diapolicable.	(NGTE: Reg sered	Agent signature required v	4 C/	703	
	nuary 1: M;/ 1 Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			Election Campaign Finan Trust Funa Contribution.	cing \$5.00 May Be Added to Fees	
10.		ID DIRECTORS	\$80.8°				
- TITLE	P/C/D		MILE	er' (1961) Arabeat (1966) - All 1964) a c	A THE LAND SHOW STATES AND THE		
NAME Pamela Blaco		NAME	I ADDRESS				
C/TY-ST-ZIP	3389 Sheridan St #266		200.000	SI-ZP		9	
THTLE	V/T/S/D		TITLE			}	
NAME Clyde Blaco			NAME STREE	T ADDRESS:			
CHY-ST-ZIP	3389 Sheridan St #266		250,0000000	SI-ZP			
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NAME STREET ADDRESS			NAME	化烷化烷 化二氯甲二甲基酚 化硫铁			
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NAME DIDLES ANDER OR			* NAME	tagakata kalingga		FAUE	
STREET ADDRESS City-St-Zip	:		STRLE CITY-S	TADORESS ST. 7IP			
TITLE			TIME	TOTO OF THE PROPERTY OF			
NAME		•	NAME	38 18 68 C - 10			
STREET ADORLSS			78876848	ADDRESS ***			
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TITLE NAME	•		TITLE				
STREET ADDRESS			(20.98	ADORESS			
CITY-SI-ZIP			сту-	II ZIP			
12. Thereby c	ertify that the information supplied wi	ith this filing does not qual	lily for the exem		ion 119.07(3)(i), Florida Statutes, I fur	ther certify that the information	

incicated 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:

Pamela Blaco

02/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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