## FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91462 044 \*\*\*150.00

			<b>CORPORAT</b>	
UNIFO	RM E	BUSINES	S REPORT	(UBR)

	HIFURM BUSIN		TOB	N)	1	04-28-2003 914	02 044	150.00
1. Entity Nan	MENT # P0200001	9131						
Principal Plac	ce of Business	Mailing Address			1	•		
3901-C NW7		3901-C NW77 AVE.					•	
MIAMI, FL 3	3166	MIAMI, FL 33166						
						Silba: II) salla 11511 SSIN ASIN REUL SSI	11 <b>419</b> 28 (818) 11 <b>0</b> 9	12
2. Principal Place of Business 3. Mailing Address 3901-C NW 77 AVENUE 3901-C NW 77 AVENUE					1    <b> </b>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Stat		City & State MIAMI, FL		<del>-</del>	4. F	El Number 75–3024468	<u> </u>	oplied For
MIAMI Zip	Country	Zip	Countr		<del> </del>	75 3024400	\$8.75 Ad	of Applicable
-33166		33166	l l	3.A.——	<b>5.</b> C	erlificate of Status Desired	Poo.Poquire	
	6. Name and Address of Curr	ent Registered Agent			7. N	ame and Address of New Registers	d Agent	
CHANG, NI				Name				
3901-C NW MIAMI, FL		•		Street Address (	P.O. Bo	ox Number is Not Acceptable)		
, miran, r E	<b>00</b> 100					<u> </u>		
				City			Zip Coo	le
8 The above	named entity submits this stateme	nt for the nurnose of changing its	s registere	d office or register	rani sna	ent, or both, in the State of Florida. I a		and accent
	tions of registered agent.	miles and perpension of changing in	o i egistere	a omee a register	. va aga	in, or boar, in the state of Florida. Fe		and accept
SIGNATURE			<u></u>					
CIGHT TO THE	Signature, typed or printed name of registered a	gentand title if applicable (NOT	E: Revisioned	Agents ignature required	Julhan wi	nstating) DAT	E	
. After	FILE NOW!! FEE IS \$150.00 r May 1, 2003 Fee will be \$560 r Payable to Florida Dopartine					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS A	ND DIRECTORS	11.		ADO	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 1
THE	P	☐ Delete	TILLE				☐ Change	Addition
NAME STREET ADDRESS	CHANG, NIA YOU 3901-C NW 77 AVE.		NAVÆ STRÆE	T ADDRESS				Ì
CITY-ST-ZIP	MIAMI, FL 33166		1	ST - 21P				Addition
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS City-ST-21P			9	TADDRESS ST-21P				
-11116		Delete	-1116					Addition
NAMÉ		_	NAME				_	_
STREET ADDRESS City-St-Zip			STREET	TADDRESS				1
TITLE		Delete	10 LE	31-511			☐ Change	Addition
NAME		La Delete	NAME			•	□ ¢iezige	□ eqquipii į
STREET ADDRESS	,		8	TADORESS		•		- (
City-St-2P			CITY-S	51-4IP			П сь	- · ·
title Name		Delete	TITLE				☐ Change	Addition
STREET ADDRESS			1	TADDRESS				Ì
CITY-ST-ZIP			CITY-	st -žiP			_ <u>_</u>	
TITLE NAME		☐ Delete	TITLE NAMÉ				☐ Change	Addition \
STREET ADDRESS			i i	T ADDRESS				
CITY-ST-ZP			COY-S	ST - ZIP		•		
indicated	ion this report or supplemental rand	art is true and accurate and that r	mv elanatu	ira shaii haya tha s	oma la	19.07(3)(i), Florida Statutes, I further ogai effect as if made under oath; that	l am an officer	or director
oj ine cor	ror this report of supplemental repu rporation or the receiver or trustee e , or on an attachment with an addres	mpowerea to execute this report	ı aş requ⊪e	ed by Chapter 607	, Florid	is Statutes; and that my name appear	s in Block 10 o	r Block 11 if
•	VAK	7,2	•			4/20/2		(
SIGNAT	TURE: SKINATURE AND TYPED	DB PRO ED NAME OF GRAING OFFICER	AD NOTOTO			<u>ر واردرا د</u>	S	]
	N. ADKINGLOKE WID LANED	POT THE EU NAME, OF GRANG OFFICER	OR DIRECTO	7H		Dalé	Caytime Phone #	J