2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000021817 **DOCUMENT #**

1. Entity Name

THE PREMING STORM CORP



FILED Mar 17, 2003 8:00 am Secretary of State
03-17-2003 90097 012 ***150.00

THE BREVING STORIVI CORF,												
Principal Place 2000 ISLAND 2005 AVENTURA FL	BLVD	8	2000 2005	Mailing Address 2000 ISLAND BLVD 2005 AVENTURA FL 33160								
2. Principal Place of Business			3. Mai	3. Mailing Address					B a kii ak iia ika	AI 11661 16161 I	ABIN 1867 1861	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number Applied For ✓ Not Applicable				
Zip Country			Zip Cour			try	5.	5. Certificate of Status Desired			litional	1
	6 Name	and Address of Currer	t Registere	ed Agent	<u> </u>	F	7.	Name and Address of New Reg	istered Ag	ent		1
	O. Haine	and Egginess of Garrer	g.o.o.			Name						1
LALLOUZ, 2000 ISLA		.' .?		Street Addi			ss (P.O. Box Number is Not Acceptable)					
2005	IND DEAD	9										ĺ
AVENTURA FL 33160				•		City			FL Zip Code			
and the second second						,						
	named entit ions of regist		for the purp	ose of changing its	registere	ed office or regist	tered ag	gent, or both, in the State of Florid	da. I am fai	niliar with, a	and accept	
SIGNATURE	~	or printed name of registered age	et ead title if one	alicable (NO)	TE: Pagietore	d Agent signature requi	ired when r	einstatino	DATE			
	Signature, typed	or printed name of registered age	nt and life if app	Jicable. (NO)	c. negistere	u Agent agnature requi		- ·		<u></u>		-
FILE NOW!!! FEE"IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				f State				Election Campaign Final Trust Fund Contribution.	ncing 🔲		0 May Be I to Fees	
10.	<u></u>	OFFICERS AN		DRS	11.		Αl	DDITIONS/CHANGES TO OFFIC	ERS AND D	PIRECTORS	3 IN 11] _
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12. I hereby of indicated of the corchanged	certify that th l on this reporporation or t lor on an att	le information supplied wort or supplemental repor the receiver or trustee em achment with an addres	rith this filling t is true and possession	does not qualify to accurate and that execute this report he like empowered	or the exe my signa t as requi 1.	emption stated in ature shall have the ired by Chapter 6	Section ne same 507, Flor	119.07(3)(i), Florida Statutes. If legal effect as if made under oa rida Statutes; and that my name	ath; that I an appears in	n an officer Block 10 or	or director r Block 11 if	

SIGNATURE: