FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nar	IMENT # POZO (·			a. FIL		
1	AS System L	5 Teahna	and I			03 MAY -1		
DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE TALLAHASSEE. FLORIDA		
2. Principal Place of Business BY WW 170 WAY Suite. Apt. #. etc. 3. Mailing Address BY WW 1 Suite. Apt. #. etc. Suite, Apt. #, etc.			VW 130	DO NOT WRITE IN THIS SPACE				
Suite, Apr	., #, etc.		ic.			DO NOT WHIT	E IN THIS SPA	
	Myore I Tas		nke fin	es-fc	4. FEI N	umber 06-24-23-5	8	Applied For Not Applicable
Zip	3028 Country 19	Zip 3207	Z8 Countr	Y US	5. Certif	cate of Status Desired		3.75 Additional Required
				Name	7. Name #	nd Address of Current	Registered Ag	gent
以表现的 1985年1986年1986年1986年1986年1986年1986年1986年1986					ena	P.O. Box Number is Not Acceptable)		
	IN THIS			Sireel Addres	S (P.O. BOX N	imber is Not Acceptable;)	
		SFACE		689	NW	130 WAY	1	
				City Pen		ce Pines	FL	Zip Code 22028
	e named entity submits this statem tions of registered agent.	ent for the purpose of char	nging its registered	t office or regis	tered agent, o	r both, in the State of Flor	rida. I am famil	liar with, and accept
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SIGNATURE	Signature, typed or printed name of registered	regent and little if anolicable.	(NOTE: Registered /	Cent sonethre requi	red when reinstatio	a)	DATE 2	8/00
Ja Make Check	Sphature, typed or printed name of registered nutary 1. May 1. Fee lie \$150.0 After, May 1. Fee lie \$550.00 Amended UBR is \$61.25 Payable to Florida Departme	o) nt of State	(NOTE: Registered A	Agent signature requi		Election Campaign Fina Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees
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2. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like impowered.

IGNATURE:

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