## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2003 8:00 am Secretary of State

NAME BARNES, GYRGLESTON O STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33319  CITY-ST-ZIP  TITLE STD Defete TITLE BARNES, SONIA E STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE DEFET CITY-ST-ZIP CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	DOCU 1. Entity Narr FAITH GY	ne	P020000	28832				03-00-2003	90050 049	1.	96.7 <i>3</i>
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G. Name and Address of Current Registered Agent  FILINGS, INC.  FI	City & State			City & State			4. FEI Number 32 - 0	4. FEI Number Applied For Not Applied For			
FILINGS, INC.  3732 N.W. 16TH STREET FT. LAUDERDALE FL 333114132  City  FL  Zip Code	Zip Country			Zip Coun		try	5 Certificate of Status Desired 12 \$8.7				
FILL NOW.!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 BEEF AUDITION FOR STORES OF PRANTATION FL 33319  THE  PO BERNANDES BANNES, CYRGLESTON O BERNANDES BANNES, CYRGLESTON O BERNANDES BANNES, SONIA E BANNES, SONI		6. Name and Addre	ss of Current Regis	tered Agent			7. Name and	ddress of New R	egistered Agen	t	
FILE NOW!! FEE \$150.00  After May 1, 2008 Fee will be \$550.00  Barke Check Payable to Florida Department of State  D. OFFICERS AND DIRECTORS  DE PO BARNES, GYRGLESTON O GYRGLESTON O BARNES, GYRGLEST			BYRGLES	TON.OBAN	WES.						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I	FILINGS, I	NC. 18TH STREET	IRT	Street Address (	P.O. Box Number	is Not Acceptable	)				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  IGNATURE  Sometime typod or pried from or impatent spent and the if applicative.  PROTE Registered Agent speature required when reinstancy.  PROTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida agent, or both, in the State of Florida agent, or both in the State of Florida agent a	FT. LAUDE	ERDALE FL 33311-413	PLANTAT	ion F2.33	3323						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Control   Contr			[		- 1			1	FL Z	ip Code	9
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SIREL AUDRESS  CITY-ST-ZIP  CITY-ST-ZIP  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.	17Y-\$1-ZIP				CITY-	ST-ZIP	<u>i</u> _				