		IFORM BUSIN	IT CORPOR ESS REPOR 00048063	ATION T (UBR)	FILED Mar 03, 2003 8:00 am Secretary of State
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City & State 4. FEI Number Applied For Zip Country Zip Country Zip Country Replication 20 Country Zip Country Sign Applied For Sign Applied For 4. FEI Nammer Sign Applied For Sign Applied For Sign Applied For 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent For TACKENBERG, HENDRIK Sign Applied For Sign Applied For Sign Applied For Sign Applied For 6. Name Sign Applied For Sign Applied For Sign Applied For Sign Applied For 6. Teachore named entry submits this stationers. for the purpose of changing its registered agent, or both, in the Siste of Forda. Lan familiar with: and accept the obligation of agent agent. Dot FLE Dodd MAM BEACH FL Symbol to Fordat Department of State ID/T. Replied Fording plane washed where ensure? Dot Except Plane Ford Fordat Fordat Applied Fordat Plane Applied Fordat P	2. Principal	Place of Business	3. Mailing Address		
Zip Country Zip Country S. Cartificate of Solus Desired SS.75 Additional per Required 6. Name and Address of Current Registerid Agent 7. Name and Address of Xerr Registerid Agent SS.75 Additional per Required TACKENBERG, HENDRIK 30 ALTON RD, STE. 1810 Name Name and Address of Xerr Registerid Agent SS.75 MAM BEACH FL 33139 City FL Zip Code City FL Zip Code 6. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Roots. Car Tambian with, and accept the obligations of registered agent, or both, in the State of Roots. Car Tambian with, and accept Address to registered agent, or both, in the State of Roots. SIGNATURE Becker, hight 2 orient/acar inspace agent with a substate. INOTE Registered Agent agents usages with entity and accept with a collaptions of registered agent. S.600 May Be Addred to Fees Addre Check Paper Javid 2 orient/Signation of originate administering or Issue of Roots. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 Make Check Paper Javid 1 be SSSD.00 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 Make Check Paper Javid 1 be SSSD.00 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 Make Check Paper Javid 1 be SSSD.00 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11 Make Check Paper Javid 1 be SSSD.00	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		
Zip Country 2 p Country 8. Certificate of Status Desired S6.75 Additional Repaired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent TACKENBERG, HENDRIK 90 ALTON RD, STE: 1810 Name Name Inter Address (PO, Box Number is Not Acceptable) MAM BEACH FL 33139 City FL Zip Code 8. The above nemd entity budytts this statement for the purpose of changing its registered difes or registered agent, or both, in the State of Florids, i am familiar with, and acceptable) Date FLE NOW!!! FEL IS 0.00 After Ray 1, 2003 Fee with the statement of State Date FLE NOW!!! FEL IS 0.00 After Ray 1, 2003 Fee with the State Of DirectOries 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Director Bayes OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TACKENBERG, HENDRIK Intel Name Intel Name Intel Name Change Addition Make Stream Address OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Intel Name Intel Name Parter MORES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 In	City & Sta	ate	City & State		4. FEI Number
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TACKENBERG, HENDRIK Name, 90 ALTON RD, STE. 1810 Street Address (PD. Box Number is Not Acceptable) MAM BEACH FL 33139 City 6. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Poridal. Tem familiar with, and accept the obligations of registered agent. SIGNATURE Signature, yourd oriented registered agent. SIGNATURE Bignature, yourd oriented registered agent. SIGNATURE Difficeres And Difficeres And Difficeres Agent segmeter agent. SIGNATURE OFFICERS AND Difficerors Tit. ADDITIONS/CHANGES TO OFFICERS AND Difficerrors in 11 TackEnberge, HEXDBIRK Detes Tit. ADDITIONS/CHANGES TO OFFICERS AND Difficerrors in 11 TackEnberge, ELZABETH Detes Tit. Mare Distes Tit. <		6. Name and Address of Current	Registered Agent	·	
90 ALTON RD., STE: 1810 MMM BEACH FL 33133 Encel Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named antity submits the statement for the purpose of changing its registered adjent, 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. SIGNATURET Outcome the obligation of registered agent and the statement of state in applicable. (NDE 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. 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. 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 the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the registered agent, or both, in the state agent ag		· · · · ·		Name	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorda. I am familiar with, and accept signature registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, or both, in the State of Piorda. I am familiar with, and accept after draw of registered agent, and accept additin and accept agent addition and accept agent addition and accept ag	90 ALTON RD., STE. 1810			Street Addres	s (P.O. Box Number is Not Acceptable)
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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 Block 11 if	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
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