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

DOCUMENT # PO2 000049222 AT YOUR DESK BOOKKEEPING SERVICES,

## **FILED** Jun 05, 2003 8:00 am Secretary of State 06-05-2003 90131 014 \*\*\*150.00

0-305-608-3944

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	Place of Business	3. Mailing Address	18 (Philipping 1946) - 10 (hoj. 15					
	NW 115T	3545NW11	57					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT	WRITE IN THIS SF	ACE	
City & Stat	ui. Fl.	City & State  M'AM'. 7	=/.		4. FEI Number 01-0694013	1-23031	Applied For Not Applicable	
Zip 33/0	Country	Zip	Country USA		5. Certificate of Status Desi	red 🗆 \$	8.75 Additional se Required	
Name				7.	7. Name and Address of Current Registered Agent			
DO NOT WRITE			Name	Name Julia Kewa				
	and the state of t	DT WRITE	Street A	ddress (P.0	O. Box Number is Not Accep	otable)		
IN THIS SPACE					VW 115T			
ania, propinsk Marana, propinsk			City	1101	//	FL	Zip Code	
9 The above	named entity submits this	statement for the purpose of changing its	registered office or	registered	lagent or both in the State		niliar with, and accept	
	tions of registered agent.	statement for the purpose of smallighting his	registered office of	registeree	agent, or both, in the state	or rionda. Familian	miai with and decept	
SIGNATURE .	Signature, typed or printed name of	registered agent and title if applicable. (NOTE	: Registered Agent signati	re required wh	nen reinstating)	DATE		
Jai	nuary 1 - May 1 Fee is	DE METROLOM PROCESCIONA CONTROLOM						
	After May 1, Fee is \$55 Amended UBR is \$61	50.00			9. Election Campaig Trust Fund Contri		<b>\$5.00</b> May Be	
Make Check	Payable to Florida Dep	partment of State			rust Fund Contri	bution.	Added to Fees	
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	partify that the information s	supplied with this filing does not qualify for		ed in Secti	ion 119 07(3)(i) Florida Stati	ites. I further certify	that the information	
indicatéd	on this report or suppleme	ental report is true and accurate and that m	ny signature shall h	ave the sar	me legal effect as if made ur	nder 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 empowered.								

Affachmenst 90138617

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 20, 2003

AT YOUR DESK BOOKKEEPING SERVICES, INC. 3545 NW 11 ST MIAMI, FL 33125

SUBJECT: AT YOUR DESK-BOOKKEEPING SERVICES, INC. Ref. Number P02000049222

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 703A00031394