## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 28, 2003 8:00 am Secretary of State

DOCU					occircuity of	
1. Entity Nar	IMENT # P 6 2 000 00 GLOBAL, INC.	59044 (1			07-28-2003 90149 009	
	DO NOT WRITE	IN THIS S	PACE	X		
2. Principal f	Place of Business	3. Mailing Address				
907 N.CLARK ST.		907 CLARK ST.				
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	Œ.
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City & Sta	te	City & State		4. FEI Number		Applied For
די א אייי	CITY	L PLENT CITY	/ FL.	02-061	3292	Not Applicable
Zip	Country	Zip	Country		60	75 Additional
33566		i	1	5. Certificate of		Required
_33300	USA	<u> 1, 33566</u>	USA	7 Name and Add	iress of Current Registered Age	
		$\label{eq:controller} S_{ij} = - \frac{2}{3} \left( \frac{1}{3} - \frac{1}{3} \right) = - \frac{1}{3}  .$	Name	r. Hame and Aut	iless of Current Registered Age	3111
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to the second	P	1	907	N. CLARK S	<u>T.</u>	
	IN THIS SP	ACE	,			
• e ja		•	City	<del></del>		Zin Codo
· .			1 7	NT_CITY	FL   ¹	Zip Code 33566
the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office of	registered agent, or both,	in the state of Florida, I am lamilia	и мил, апо ассерс
						1
SIGNATI IDE				,	#19. <sup>1</sup>	in the second se
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signate	ure required when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO1	E; Registered Agent signat	ure required when reinstating)	DATE	2 ab (1) - 5
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered Agent signal		Make Check Pa	yable to
SIGNATURE	Signature, typed or printed name of registered agent  FEE IS \$61.25	9. Election Ca	mpaign Financing	s5.00 May Be Added to Fees	Make Check Pa	
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Ca	mpaign Financing	\$5.00 May Be		
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12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/03

813-763-0148 Dayune Phone #