## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02000 63068

1. Entity Name

SIGNATURE:

PETER RALE ENTERPRISES INC



## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 91179 019 \*\*\*150.00

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

90129882

<b>克里拉斯</b>			A STATE OF A STATE OF AND A				
2. Principal P			3. Mailing Address				
1242 DRETEL AVE			1242 Tretel Are				
Suite, Apt. #, etc.			Suite, Apt. #, etc. うっぱー ンプ		DO NOT WRITE IN THIS SPACE		
Suite 203 City & State			City & State		4. FEI Number		Applied For
MAMI BEACH FL			MIAMI BEACH FC		The state of the s		Not Applicable
Zip ح <b>رج</b>	ንግ	Country USA	Zip ~~~ 753179_	Country USA	5. Certificate of Status Des		\$8.75 Additional Fee Required
			n Baggior (1918) de l'agreció de Paris (1 La capación de La cabación de Sagardon (1918)		7. Name and Address of Co	urrent Registered	Agent
terior and a			<i>I</i> DITE	Name ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	A PETER	· · · · ·	
	· L	O'NOT V	/KIIE	Street Address	(P.O. Box Number is Not Acce	ptable)	
	<b>1</b>	N THIS SI	PACE	1292	TREACL AVE		
				reff()(C)(a)(A)(A)(A)	<u> 203</u>		
	Market Mark		and the property of the second	City	· DeacH	FL	Zip Code
8. The above	named entit	y submits this statement	for the purpose of changing		ered agent, or both, in the State	of Florida. I am fa	
the obligat	ions of regist	tered agent.					
SIGNATURE .	Signature, typed	or printed name of registered agei	at and title if applicable. (No	OTE: Registered Agent signature require	rd when reinstating)	DATE	·
Jar	nuary 1 - M	ay 1 Fee is \$150.00				***************************************	
After May 1, Fee is \$550.00					9. Election Campai	~ ~ ~	<b>\$5.00</b> May Be
Make Check		l UBR is \$61.25 Florida Department (	of State		Trust Fund Contr	ibution.	Added to Fees
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1	prtify that the	information supplied wit	h this filing does not qualify t	<ul> <li>Vol. Antimodel Strategies for the entire to a s</li> </ul>	ection 119.07(3)(i), Florida Stat	utes [further cert	by that the information
indicated -	on this repor	t or supplemental report	s true and accurate and that	my signature shall have the	same legal effect as if made up	nder oath: that I ar	n an officer or director
		he receiver or trustee em dress, with all other like e		on as required by Chapter 6	07, Florida Statutes; and that r	ny name appears	in Block 10 of on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR