FILED Jan 27, 2003 8:00 am Secretary of State

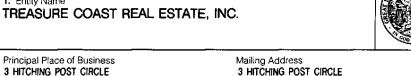
01-27-2003 90140 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000085883

1. Entity Name



TEQUESTA FI	L 33469		TEQUESTA FL 33469									
2. Principal Place of Business			3. Mailing Address					E O I E O I I I I I I I I I I I I I I I	 	(818/ 8/8/ 18/8/)	1111 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e		City &	State	···	4. FEI Number 52-237/3			40 Applied For Not Applicable			
Zip, Country			Zip	Zip Coun		5.				\$9.75 Additional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
LESBIREL, ALEXANDRA V 3 HITCHING POST CIRCLE						Street Address (P.O. Box Number is Not Acceptable)						
	'A FL 33469		***		City				FL	_		
the obligat	tions of regist	y submits this statement ered agent. or printed name of registered agei	. ,		egistered office o			oth, in the State of F	florida. I am	familiar with,	and accept	
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department			***			ection Campaign F ust Fund Contributi			0 May Be I to Fees	
10.	+	OFFICERS AN	DIRECTORS		11.	<i>F</i>	ADDITIONS	/CHANGES TO OF	FICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 HITCHIN	, ALEXANDRA V IG POST CIRCLE A FL 33469		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	V.S				≇ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 HI	TCHIA	L. LESBIR IG POST C FL 334	IRCLE	☐ Change	Addition	
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TITLE NAME STREET ADDRESS				Delete	TITLE NAME STREET ADDRESS	l		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-21-03

373-6224

Daytime Phone #