FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCU	MENT# POR O	0008772	03 MAY - 1 AM 9: 03					
	Suzy G. Mehl							
5	suzy G, Men	e, INC	SECRETARY OF STATE					
	•		TALLAHASSEE. FLOR	IIJA				
	DO NOT WRITE	IN THIS SP	ACE					
	Place of Business Ob S.W. 48tarr	3. Mailing Address してもっちらい。						
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e	Çity & State		4. FEI Number Applied For				
Trian		Triami	<u>Fia</u>	52-2376074	Not Applicable			
Zip スコ	Country	33175	Country		5 Additional equired			
	(73 0314	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7Name and Address of Current Registered Agen				
	DO NOT IN	m (mm)m	Name Su	isana Mehle				
	DO NOT W			(P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE	140	ob S.w. Y& Lera				
			<u> </u>	Ch. A				
8. The above	named entity submits this statement for	the purpose of changing its re	·····	ered agent, or both, in the State of Florida. I am familiar	33125			
	tions of registered agent.	we harboor as otherways and to			, сла состра			
SIGNATURE .	- In . 100							
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	Signature, typed or priviled name of registered agent as	nd trile if applicable. (NOTE: R	Registered Agent signature require	id when renstating) DATE				
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00	nd title if applicable. (NOTE: R	Registered Agent signsture require	9. Election Campaign Financing	\$5.00 May Be			
ja	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Dapartment of	State	Registered Agent signature require	9. Election Campaign Financing	\$5.00 May Be Added to Fees			
Jai Make Check 10.	nuary 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550,00 Amended UBR is \$61,25 Payable to Florids Department of I	State DIRECTORS		9. Election Campaign Financing				
Jai Make Check	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of OFFICERS AND L	State DIRECTORS	Registered Agent signature require	9. Election Campaign Financing Trust Fund Contribution.	Added to Fees			
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

C01Y+61-2P

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

273-4641 00+12

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