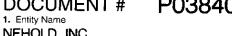
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT:	#	P03840
1. Entity Name		





Mar 03, 2003 8:00 am & Secretary of State
03-03-2003 90841 043 ***150.00

FILED

NEHOLL	, INO.							
Principal Place of Business Mailing Address 124 EAST COLONIAL DR. 124 EAST COLONIAL DR. ORLANDO FL 32801 ORLANDO FL 32801								
2. Principal	Place of Business	3. Mailing Address	· • • • • • • • • • • • • • • • • • • •		1 1000/1001 171/ 000/000 PS/10/ 10/0// 070// 00/0// 01/0// 07	Bil Dibil Dibil	Bibli Dibii (O)	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	;	
City & Sta	ate	City & State		4	13-2655705		pplied For	
Zip	Country	Zip	Country	5	Certificate of Status Desired	\$8.75 Ad	ot Applicable	
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of New Registered A	Fee Require	30	
			Name					
KANTOR, HAL H.,ESQUIRE 215 N. EOLA DRIVE		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
ORLAND	O FL 32802							
			City		FL	Zip Cod	ie .	
SIGNATURE	ations of registered agent. Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature	required wher	n reinstating) DATE			
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		-	9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	Α	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAYER, RINA 21 RUE MONT BLANC 1201 GENEVA SW	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEITERSDORF, JONATHAN 124 EAST COLONIAL DR. ORLANDO FL.32801	Delete	TITLE NAME STREET ADDRESS CITY-ST_ZIP		ು ರ ಸವಾಜನಾವಾಧ್ಯ	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVNAT, JOSEPH 21 RUE DU MONT BLANC 1201 GENEVA SW	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		171.1	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	•	☐ Changé -	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

407-849-0371