2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11440

1. Entity Name

FILED Jan 25, 2000 8:00 am Secretary of State

						25-2000 901	-			
Principal Place	e of Business	Mailing Address								
PO BOX 2250 P.O. BOX 22500 HOUSTON TX 77227		P.O. BOX 22500 HOUSTON TX 77227-2500 US			1 20021188 7 1 0 1	21 0 E 1 14 0 11 010 11 0 1		793		A) B(F (A2)
2. Principal Place of Business		3. Mailing Address		_		(AN sa n fili Pir af in bib i	01811 81811 A 12811 81811 A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WI	RITE IN TH	IS SPACE		
City & State	9	City & State		4. F	El Number	74-18286	48			olied For
Zip	Country	Zip	Country	5. 0	Certificate of	Status Desired			5 Addit	itional
بدخون ويمد	⇒ -6. Name and Address of Current F	Registered Agent	<u> </u>	7 N	ame and Ac	idress of New	Registere	ed Agent		
			Name							
	ORPORATION SYSTEM S. PINE ISLAND ROAD	Street Addres		ss (P.O. Bo	s (P.O. Box Number is Not Acceptable)					
	ITATION FL 33324									_
	•		City				F	L Zi	p Code	,
8 The above	named entity submits this statement for	the purpose of changing its	s registered office or regis	stered age	ent, or both, i	in the State of	Florida.			_
0. 1770 above	manda shiriy dashiris shiri shareshiri ka	and bank and a suranging in			, , , , ,					
SIGNATURE				7 . T			DAT	<u> </u>		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO)	TE: Registered Agent signature requ	nited Aueu te	instating)		DAI			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 2	!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$			on Campaign I Fund Contribut	_			May Be to Fees
Tax filing re	equirement and elects to do so.	After MAY 1, 20 Make Check Paya	000 Fee will be \$550.0	State	Trust I		tion.		Added	to Fees
Tax filing re (See criter	equirement and elects to do so. ia on back) OFFICERS AND I S LINBECK, CONSTANCE 3810 W ALABAMA	After MAY 1, 20 Make Check Paya	000 Fee will be \$550.0 ble to Department of \$	State	Trust I	Fund Contribut	tion.		Added CTORS	to Fees
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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 11 or Block 12 in changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

713-621-2350