2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2002 8:00 am Secretary of State

Principal Place of Business Matify Astrona Sans WOOD AVE MAMI R. 3713 3. Mailing Address Suite, Apt V. etc. City & State City & State City & State Country S. Centricular of Status Desired S. Centricular of Status Only S. Centricul	1. Entity Nar		0009734			05-30-2002	ary 01 : 91600 025		e
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Signature Picture Pi	City & Sta	te	City & State		4, 1	FEI Number 65-0370118	<u> </u>	Applied For	\Box
SHEARD, LAURA 3810 WOOD AVE. MIAMI FL. 33133 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Sirved Address (F.O. Box Number is Not Acceptables) City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible (Alex May 1, 2002 Fee will be \$55.00 Agent (Alex May 1), 2002 Fee will be \$55.00 Agent	Zip	Country	Zip	Country	5. (Additional	ble
SHEARD, LAURA 3810 WOOD AVE. MIAMI FL 33133 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered depent, or both, in the State of Florida. SIGNATURE 9. This proposation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 make Check Playable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE SIMET ADDRESS SINET ADDRESS SINET ADDRESS SINET ADDRESS OTH-ST-2P TILE Delete TILE MAKE SINET ADDRESS OTH-ST-2P TILE SineT ADDRESS OTH-ST-2P TILE MAKE SINET ADDRESS OTH-ST-2P TILE SineT ADDRESS OTH-ST		6. Name and Address of Current Re	egistered Agent		7. 1	Name and Address of New Reg	Fee Re	quired	\dashv
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name					=
E. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Floride. SIGNATURE Synaw. Lineal or principle of satisfy its intangible 9. This corporation is eligible to satisfy its intangible 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. Election campaign Financing Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME SIRET ADDRESS CITY-S1-2P MAMI IF, 33133 THE OBERE ADDRESS CITY-S1-2P TILE OBERE ADD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature	miami fl	. 33133					r		
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