## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P9300001143

1. Entity Name

1. CARLAKE UENTURE SNC

## Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90163 010 \*\*\*150.00

Suite Age # ope.  Suite Age # op.  Suite Age	CULANI	MIL VENTON					
SIGNALUFE  DO NOT WRITE  Name and Address of Current States of Footda. Jam States of Foo	DO	NOT WRITE	IN THIS S	PACE		υυυυυ	14.1
South Applied for South Applied Fig. 1   Applied Fig. 3	2. Principal Place of Business 1381-91 C(EARLAME RD. 38/5 SWWA)			ed DR			
SONALURE  JOHN THIS SPACE  IN THIS S	Suite, Apt. #, etc.					DO NOT WRITE IN	THIS SPACE
T. Name and Address of Current Registered Agent Name No. M. D. D. R. M. D.  IN THIS SPACE  IN THIS SPACE  CIMERAL IT JUMB  CI	CocoA	PL	MERRIT ISLA	IND FL	- '	4. 59-316/347	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  CIMERAL IT ISLUM  FL 35953  In a above named entry supplys this settlined for the purpose of changing its registered agent, or both, in the State of Florida 1 am familiar with, and accept the children of the purpose span under requirements agent.  SIGNATURE  Supplication for registered spane, or both, in the State of Florida 1 am familiar with, and accept the children of the state of Florida 1 am familiar with, and accept the children of the state of Florida 1 am familiar with, and accept the children of the ch	32122	Bewred	32953	BREV ARE	۶   ب	5. Certificate of Status Desired	
IN THIS SPACE  IN THIS SPACE  CIMENT IT THAN FL 35-35-35  The above rained entity surplish this soliton of two time purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligation of registered spant.  Line To the state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the obligation of registered spant.  Line To the state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the obligation of registered spant.  Line The state of Florida, I am familiar with, and accept the state of Florida, I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida, I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida.  Line The state of Florida. I am familiar with, and accept the state of Florida.  Line The state of Florida. I am familiar with, and accept the state of Florida.  Line The state of Florida. I am familiar with, and accep	- 42 - 42	And the second s	And in the second second second second	Name /	A /		istered Agent
IN THIS SPACE  CIMENT IT SUMM  FL. 395953  3. The above naryod entity supplies this soft@nest for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligation of registered spent.  SIGNATURE  SIGNATUR	printed in the same	DO NOT W	RITE	Stroot A	VOR IN	AN DERMER	
Advanced to the payable for increase apert and use amplicable.    Advanced   Agriculture   Agricultu		entity supplies this statement for		<u> </u>		agent, or both, in the State of Florida.	I am familiar with, and accept
After May 1, Fee is \$550,00 May Be Added to Fees Amone and UBR is \$61.25  Bake Check Payable to Florida Department of State  O	SIGNATURE Signature.	typegfor phinted name of registered agent	and title if applicable. (NOT	E: Registered Agent signat	ure required who		7/03
THE NORMAN DERMEN NAME NORMAN DERMEN NAME STREET ADDRESS THE ADDRESS THE TADDRESS T	After M Amen	lay 1, Fee is \$550.00 ded UBR is \$61.25	State			, <del>-</del>	_ <del> </del>
THEET ADDRESS TH	10.	OFFICERS AND	DIRECTORS	The state of the state of			
THE BEOWNE SELVENT STATE ADDRESS STREET ADDRESS CITY-ST-ZIP  THE MAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	VORMON DEEME BEIS SUN WARD LERRITI ISLAN	of PL 3-853	NAME STREET ADDRESS	The same of		
TREET ADDRESS TR	TITLE UP NAME STREET ANDRESS  STREET ANDRESS	RESUSEE WICE DER MAC 15 SUNWHED D	R	NAME STREET ADDRESS			
TREET ADDRESS   STREET ADDRESS   STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ope to Ty		NAME STREET ADDRESS		DO NOT W	RITE
AME TREET ADDRESS ITY-ST-ZIP TITLE AME TREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET ADDRESS		IN THIS SF	PACE
IAME TREET ADDRESS TREET ADDRESS TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS			
ITY-ST-ZIP CHY-ST-ZIP	TITLE NAME STREET ADDRESS			NAME	****		
	CITY-ST-ZIP	at the information supplied with	this filing does not qualify fo	CITY-ST-ZIP	ted in Section	<u>a di kacamatan kacam</u>	per 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 empsyered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR