## UNIFORM BUSINESS RÉPORT (UBR) 06-18-2002 90485 034 \*\*\* 158.75 P93000046216 FILED 193000046216 02 JUN 19 PM 4: 54 SANDI Lynne WRITTEN WORDS,114 SECRETARY OF STATE TALLAHASSEE, FLOWDA Principal Place of Business Mailing Address 9119 E BOLA GARDENS CIRSO Boca Ratori RL 33496 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 11-2630694 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>.ሦለላ</u>ይ にょうしから BOCA GANDENS CIR SO E BOLL GARDENS CIR SO t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution : (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE DRES Sandilynne 9119 & BOLLICANDENS CIR SO BOLA RATON PL 33496 inal. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2177 57 710 Adamen 773 TiTi C Rita Freeman "A" E · 11.1E POBOX 970576 Boca Raton FL 33497 STREET ACCIPESS UTREET HODRESS CITY\_ST-210 ٠٠: د • ••• HAVE STREET ADORESS <u>aufertadoreas</u> 27-51-29 CITY-ST-JIP Change Adoption ☐ Delete TILLE 2015 PLANTE STREET ADDRESS STREET ADDRESS C11:-57-219 CITY-ST-21P Delete HILE NAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE -KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

13. I hereby certify that the information supplied with this filing 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 teport 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 reference or pushes empowered the execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all pither the empowered.