2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DOCU 1. Entity Nam PUMP'N		51441		-,	Mar 12, 20 Secretary 03-12-2001 90487	of Sta	te
Principal Plac 2133 N.E. 26TH FT. LAUDERDAL	ST.	Mailing Address 2133 N.E. 26TH ST. FT. LAUDERDALE FL 33305	. 26TH ST.				
2. Principal P 89 + 9 Suite, Apt. City & State CALLA Zip 33333	AND PARK FL.	3. Mailing Address VO. 89499 E.C Suite, Apt. #, etc. City & State CAKLAND PI Zip 333334	DAKLAND PA DAK FL. Country USA	4. 1	DO NOT WRITE IN T	; Ap	
7377	6. Name and Address of Current F		U 311	7. N	Name and Address of New Registe		<u>, </u>
DERUSHA, JIM 2133 N.E. 26TH ST. FT. LAUDERDALE FL 33305 Street Address (P.O. Box Number is Not Acceptable) 87 F. G. Box Number is Not Acceptable) 87 F. G. Box Number is Not Acceptable) 87 F. Box Number is Not Acceptable)							34
8. The above	named egrify submits this statement for Signature, typed or printed name of registered agent a	Jacky Jr. nd title if applicable. (NOTE:	Registered Agent signature	DE/M required when re	SHA PRESIDENT	3-9	-01
Tax filing r	Action is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		0.00	10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D T VICTORIA DERUSHA 2133 NE 26TH ST FT LAUDERDALE FL 33305	DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD 39 + 99	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DERUSHA, JAMES 2133 NE 26TH ST FT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	39 V-99 DAKLD	E-CAKLANDIPKINA AD PK. FL. 33334	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUNTING, PAUL 3000 NE S TERRACE 304A WILTON MANORS FL 33334	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			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS 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			☐ Change	Addition
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my	signature shall have	e the same I	legal effect as if made under oath; the	nat I am an officer : ears in Block 11 or	or director