2002 WINDE	rm business report	វភាធាកា
DOCUMENT #	P93000064811	

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DOCUMEN 1. Entity Name DINA RICHARD	IT # P93 AND COMPANY	000064811 , INC.	
Principal Place of Bus 12864 BISCAYNE BLVD 319 MIAMI FL 33161 US		Mailing Address 12864 BISCAYNE 319 NORTH MIAMI FL US	
2. Principal Place of E	Business	3. Mailing Address	S
Suite, Apt. #, etc.		Suite, Apt. #, etc	5.
City & State		City & State	
Zip	Country	Zip	Country
6 N	ame and Address of Ci	irrent Registered Agent	

		•	ţ.				01102002	2201700	.5 15	
Principal Place 12864 BISCAY 319 MIAMI FL 3319 US	319									
2. Principal F	Place of Business	3. Mailing Address							0 4601 0 1001 103	01 100 1101 00
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WE	RITE IN THIS	SPACE	
City & Stat	e	City & State			4.	FEI Number	65-043768	8		Applied For
Zip	Country	Zip	Coun	ntry	5.	Certificate of	Status Desired		\$8.75 A Fee Requi	
	6. Name and Address of Current	 t Registered Agent		1	7.	Name and A	ddress of New	Registered	<u> </u>	reu
				Name						
RICHARD,	, Dina Scayne BLVD #319		'		ress (P.O. I	Box Number	is Not Acceptat	ole)		
MIAMI FL										
Maran 1 E				City				FL	Zip Co	ode
O The share		in the purpose of phonoics its	raniatar	ad office or re-	aistored or	ront or both	in the State of I		-	
8. The above	named entity submits this statement f	or the purpose of changing its	register	ea onice or rei	gistered aţ	gent, or both	, in the state of r	-iorioa.		
SIGNATURE				- ·						
	Signature, typed or printed name of registered agen	at and title if applicable. (NOT	E: Registere	d Agent signature ri	equired when r	einstating)		DATE		
Tax filing	oration is eligible to satisfy its Intangibl requirement and elects to do so. ria on back)	e FILE NOW! After May 1, 20 Make Check Payal	02 Fee			1	tion Campaign F Fund Contribut			.00 May Be led to Fees
İ 1.	OFFICERS AND	D DIRECTORS	12.		ΑI	DDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTO	DRS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, DINA 12864 BISCAYNE BLVD., #319 N M FL	☐ Delete	III .						☐ Chango	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 🔲 Delete	- 11						☐ Change	e ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	STRE	E EET ADDRESS '-ST-ZIP		۰ سر یک ر	· = 0, 0, 0	•	Change	e 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 11			·			☐ Change	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	ll l						☐ Chango	∃ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	EET ADDRESS -ST-ZIP					☐ Change	
13. I hereby	certify that the information supplied with	th this filing does not qualify fo	r the exe	mption stated	In Section	119.07(3)(i),	Florida Statutes	. I further ce	rtify that the	information

indicated on this report or suppliemental report is true and acculate 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 tiustee empowered to 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 other tike empowered.

SIGNATURE: