2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90740 006 ***150.00

Day ima Phone#

DOCU 1. Entity Nan CHRISTIN	ne	# P9400 001; DN, INC.	3559				03-02-2003			130.00	
Principal Place of Business 1402 SFK CAUSEWAY., PNB 126 N. BAY VILLAGE, FL 33141 US			Mailing Address 1065 NE 125TH STREET STE 317 NORTH MIAMI, FL 33161 US								
Principal Place of Business 3. Ma			3. Mailing Adoress								
Suite Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING (HANGES		_
City & Stat	.		City & State	T		4. FI	El Number 65-0470448	<u> </u>	No	plied For at Applicable	
Zıp	e Nama	Country and Address of Curre	Zip	Cour	ntry		ertificate of Status Desired	·	9.75 Add		
DALTON, C 1402 JFK C N. BAY VILI	HRISTINA AUSEWAY	L ., PMB 126	nt registered Agent		Name Street Address (ame and Address of New Reg	IS(#re 3 A	ent		
,					City			FL	Zip Cod	e	-
	named entiti tions of regist		for the purpose of changing it	s register	ed office or register	ed age	ent, or both, in the State of Florid	la. Ia r _e fa	niliar with,	and accept	
SIGNATURE	Signature, typed	or primed name of legistered ag	entand (jile if applicable. (NO	TE; (3eyisin re	ы Арелі зірлацію міційнец	i when rei	nSta(ing)	DATI		_ _	
After	May 1, 20	II FEE IS \$ 50.00 33 Fée will #e \$550.0 5 Florida Departmen			-		Election Campaign Finan Trust Fund Contribution.	c ng		0 May Be ito Fees	
10.		OFFICERS AN	ID DIRECTORS	11.		ADC	DITIONS/CHANGES TO OFFICE	RS A VD	RECTOR	S IN 11] _
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indicated of the cor changed,	on this repor poration or the or on an atta	t or supplemental report le receiver or tjustee em	t is true and accurate and that	my signal Las requi	ture shall have the s	same le	19.07(3)(i), Florida Statutes, I ful gal effect as if made under oath a Statutes; and that my name a	n thail an	an officer	or director	
SIGNAT	URE: _										ı

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

Attachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUME	 \JT #			90123043				
1. Entity Name	,			794000013559				
	NOT WRITE		PACE					
2. Principal Place of	Business	3. Mailing Address 12864 B/S	Ayne BluD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SHACE				
City & State		N. Manu		4. FEI Number Applied For Wot Applied For Not Applied For Not Applied For Not Applied For				
Zip Country		33181	Country U.S.	5. Certificate of Status Desired	\$3.75 Additional File Required			
4 4	And the second s		Name	7. Name and Address of Current Registe	esed / gent			
	DO NOT W	/RITE		P.O. Box Number is Not Acceptable)				
	IN THIS SI	PACE						
			City	F	Zio Code			
8. The above named the obligations of		or the purpose of changing its	s c gistered office or register	red agent, or both, in the State of Florida. La	in fail illiar with, and accept			
SIGNATURE	Y	•						
Signature	e, typed or purited natural registred ager 1 _ May 1 Fee is \$150,00	W	E. Stely sterred Agent alignature required					
After I	May 1, Fee is \$550.00 nded UBR is \$61.25			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
Make Check Payar	ele to Florida Department o OFFICERS AND		Zan Zan andra		1 8 8 2 2 2			
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STREET ACCRESS CITY-ST-ZIP			STREET ADDRESS					
12 I hereby certify the	hat the information supplied wit	n this filing does not qualify fo	er the exemption stated in Se	e 119.07(3)(i). Florida Statutes. I further	certify that the information			
of the corporation	report or supplemental relacit in or the receiver or trustee err an address, with all other like e	ipowered to execute this repo	my signature shall have the s ort as required by Chapter 6	same legal effect as if made under oath the 07, Florida Statutes; and that my name app	/ais in Block 10 or on an			
SIGNATURE	_{=:}	•		•				
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OF: DIRECTOR	Sate	103 oePhone≢			