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FOR PROFIT CORPORATION NIFORM-BUSINESS REPORT (UBR)	May 14, 2002 8:00 an Secretary of State	
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	NT # P94000039	9/31		7		05-14-2002 90350 018 ***150.00		
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2. Principal Place of	of Business	1 0 1 1 1 1 1 1 1 1 1 1	٠.		_			
	8TH STREET	3. Mailing Address 6877 SW 18'	יא איד	ਆਜ਼ਸ਼ਰਾ				
Suite, Apt. #, etc		Suite, Apt. #, etc.	<u> </u>	+11001	\dashv	DO NOT MIDITE IN THIS OD	25	
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City & State BOCA RATO	N, FL	City & State BOCA RATON	, FL			FEI Number 5-0494192	Applied For	
Zip	Country	Zip	, ELL Countr	v -	103		Not Applicable	
33433		33433		, i	5. Certificate of Status Desired Fee Required			
:					7. Na	me and Address of Current Registered A		
		<u> </u>	" NELL I	Name BARBAR	ДΜ	EILL		
	DO NOT WI	RITE		Street Addre	ss (P.Q.	Box Number is Not Acceptable)		
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1	IN THIS SEA	ACE						
				City PARKLA	ND	FL Z	ip Code 3 3 0 6 7	
8. The above name	d entity submits this statement	t for the purpose of chang	ing its red			ered agent, or both, in the State of Florida.	1000/	
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SIGNATURE	HOHRA WEIL	L-MES		Ť				
Signatu	re, typed or printed name of registe		<u>`</u>		Agent si	gnature required when reinstating)	DATE	
	is eligible to satisfy its Intangib			ee Is \$150.00 is \$550.00		10 Floation Compains Financias	\$5.00 May Be	
(See criteria on b	ment and elects to do so.	Amend	led UBR I	s \$61.25		10. Election Campaign Financing Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND DI	Make Check Pay	aple to D	epartment of S	tate			
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information indicat	ied on this report or supplemei	ntal report is true and acc	urate and	that my signati	ira ehal	tion 119.07(3)(i), Florida Statutes. I further co I have the same legal effect _i as if made unde	a a a sha sha s i a am	
arronicer or directi	or of the corporation of the rec	:élver or trustée émpower	ed to exec	ute this report:	as requ	ired by Chapter 607, Florida Statutes; and th	at my name	
appears in Block 1	1 or on an attachment with an	address, with all other lik	e empowe	ered.		Whole]	
SIGNATURE:	× Millula	Well				XTIBIL	İ	
	SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING	OFFICER (OR DIRECTOR		Date Daytime Pho	ne #	