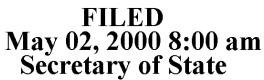
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082289
1. Enlity Name



ACTIVE LINE, CORP.								Secretary of State 02-29-2000 90174 037 ***150.00						
Principal Place 2315 NW 107 A 1827 BOX 118 MIAMI FL 33172 US	VE		Mailing Address 2315 NW 107 AVE 1B27 BOX 118 MIAM: FL 33172-2164 US				4 1 88 4 (5 6 1 31					14 1811 1484		
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						_	
City & State			City & State			4.	nn-10.34.537				plied For t Applicable			
Zip Country		Zip Count		iry	5. Certificate o		Fee !			8.75 Add e Required				
	6. Name and	Address of Current R	egistered Agent		7. Name and Address of New Registered Agent							l		
LITVINOV, BORIS					Name Street Add	Bopi's Litvino S dress (P.O. Box Number is Not Acceptable)								
3440 N.E. 192ND STREET SUITE 2B AVENTURA FL 33180					Street Add	CANCE A								
					997			///		FL	Zip Cod	e		
SIGNATURE	Signature, typed or pris	omits this statement for the control of the control of registered agent a to satisfy its local pilots to do so.	The !	Registere	d Agent signature	Tequired when	10. Elec	tion Campaig	gn Financi	O3.		O May Be		
(See criter	ia on back)		Make Check Payat	ie to D	epartment	oi State		Fund Contri				1 to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITVINOV, BO 3440 N.E. 19 AVENTURA F	i <mark>end street suite</mark>	☐ Delete	E AE EET ADORESS Y-ST-ZIP		ADDITIONS/C	HANGESTO	OFFICE		Change	Addition	E034 (9/99)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLUZMAN,	URY LAVE APT 506	Delete TITL NAM STR		.E						Change	☐ Addition	180	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			Delete	NAM STR	- 1						Change	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Delete								Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			,			☐ Change	☐ Addition	1	
TITLE NAME			☐ Delete	TITI NA:				-	,		Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP				CIT	X-S1-ZIP					·				
13. I Detecty	centry that the in	formation supplied with	this filing does not qualify for	ગrugéex	empuen state	ed in Secti	on 119.07(3)(i), Florida Sta	tutes. I fu	riner cer	my that the	nomanon	1	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee 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 adoleses, with all other like empowered.

SIGNATURE: