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2001 UNIFORM BUSINESS  DOCUMENT # P95000018	FILED Sep 10, 2001 8:00 am Secretary of State 09-10-2001 90062 023 ***150.00		
Principal Place of Business  200 S. BISCAYNE BLVD.  210 SAMP FLOOR  MIAMI FL  21 Principal Place of Business  100 Suite, Apt. #, etc.  Suite, Apt. #, etc.	SCAYNE BLVD. DOR 33131 Address YJM TEWACE	DO NOT WRITE IN THIS SPA	
City & State City & State City & State Migani	tate 1 CI	4. FEI Number 65-0562002	Applied For Not Applicable
Zio 3139 Country S A Zio 31	39 Country A		.75 Additional Required
6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent			
TURKEN, ROBERT W 200 S. BISCAYNE BLVD. 200 FLOOR WIAMI FL 33131	Name Street Addre	ss (P.O. Box Number is Not Acceptable)	Zip Code
8. The above named entiting submits this statement for the purpose of SIGNATURE  Signsfire, typepter printed name of legistered agent and title if applicable		stered agent, or both, in the State of Florida. $4-0/-0$	/
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$550.00  After September 12, 2001 Fee will be \$750.  Make Check Payable to Department of Star			\$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TURKEN, DANA  108 4TH TERRACE, DILIDO ISLAND MIAMI BEACH FL 33139	Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	·	Change Addition (1/2)

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 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 address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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## Dana Turken, C.P.A., P.A. 108 4<sup>th</sup> Terrace Miami Beach, FL 33139

AHachment A0084601 # 795000018955

September 5, 2001

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee FL 32302-1500

Dear Sir or Madam:

As per my telephone conversation with Leslie this morning, I am again remitting to you a check in the amount of \$150.00 along with the latest form I most recently received. Unfortunately, I did not mail my original form and check by certified mail, and I assumed that everything was properly received.

I again thank you for your assistance in this matter, and request that in the event that my original check is found, that you please return it to me. For your records, I have enclosed the original check stub for my original filing fee check.

Again, I apologize for any inconvenience this may have caused.

Sincerely,

Dana Turken, C.P.A.

AHachment A 0084601 439 24 TOTAL THIS CHECK OTHER TOTAL THIS CHECK 50 OTHER TAX DEDUCTIBLE BALANCE 2 PS 1113 TOTAL FOR. THIS CHECK OTHER BALANCE

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