2001	UNIFORM	BUSINESS	REPORT	(UBR)
		DO3114E33	NEPURI	(ODD)

DOCUMENT # P9600006587 1. Entity Name ROADWAYS OF TOWNE PARK, INC.					FILE	D		
	AND OF TOWNE I FAIRING INC.				01 JAN 16	PM 2: 30		
21 FLOOR, 1221 BRICKELL AVE.		Mailing Address C/O SHEP KING, ESQ. 21 FLOOR, 1221 BRICKELL AVE. MIAMI FL 33131			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3		3. Mailing Address		\dashv				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-9655231		oplied For ot Applicable	
Zip	Country	Zip (Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent	Name	7.	Name and Address of New Registere	d Agent		
CORPDIRECT AGENTS 103 N. MERIDIAN ST., LOWER LEVEL			Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301				···			
			City	~	F	L Zip Cod	e	
8. The above	e named entity submits this statement for t	he purpose of changing its reg	l istered office or regis	stered ag				
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: Rec	istered Agent signature requ	Jired when re	einstating) DATE	:		
Tax filling requirement and elects to do so. After MAY 1, 2			EE IS \$150.00 Fee will be \$550.0 o Department of S		Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CAMPOLLO, RAMON C/O SHEP KING, ESQ., 1221 BRIC MIAMI FL 33131	□ Delete KELL AVE.	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUILARTE, PEDRO C/O SHEP KING, ESQ., 1221 BRICKELL AVE. NAMI STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP		80000357! -01/26/01 ****150.00	-010220	304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KING, SHEP 1221 BRICKELL AVE. MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		ilv	☐ Change	Addition	
naicatea	certify that the information supplied with the on this report or supplemental report is trupporation or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that my sit	onature shall have th	ie same l	legal effect as if made under oath: that	l am an officer	or director	

of the corporation or the receiver or trusted enhanced 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 enhanced.

SIGNATURE:

SIGNATURE

SIGNATURE