## FILED Aug 11, 2002 8:00 am Secretary of State

0141901 AB

## P.O. BOX Se BRONZ NY 10968  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & St	1. Entity Name	MENT # <b>P960</b> & NEGRON, INC.	000011113	/	Secretary of State 08-11-2002 90175 036 ***550.00
2. Principal Place of Business 3. Malling Andress Suite, Apt. #, etc.	86 MCLEAN AVE P.O. BOX 58				
City & State    City & State   City & State   Currenty   Zip   Country   S. Certificate of Status Desired   S8.75 Additional research   Secretary   Se	2. Principal P	lace of Business	3. Mailing Address		
Zip Country S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
6. Name and Address of Current Registered Agent  17. Name and Address of New Registered Agent  18. The above named analy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are of agents and the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are of agents and the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, i	City & State	)	City & State		4. FEI Number 13-4051176 Applied For Not Applicable
Name:    Super Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	
UCC FILING & SEARCH SERVICES, INC.  \$26 E. PARK AVENUE TALLAHASSEE FL 32301  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (I)  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SIREFADORSS SIRE		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, types or primed name of registered agent and the if applicable.  INDIE Registered Agent spintware included when reinstating)  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  P. GONZALEZ, NANCY  SIREET ADDRESS  OITY-ST-2P  TITLE  D. Delete  TITLE  D. Delete  TITLE  D. SEBRON, STEVE  SIREET ADDRESS  OITY-ST-2P  BRONZ NY 10466  TITLE  D. Delete  D. Delete  TITLE  D. Delet	UCC FILIN 526 E. PA	ng & Search Services, Inc. Ark avenue			dress (P.O. Box Number is Not Acceptable)
9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (NOTE Replaced Agent agrinulum required when intratable)  Tax filing requirement and elects to do so. (Nater September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PGONZALEZ, NANCY 452 OSCEOLA ST., SUITE 114 ALTAMONTE SPRINGS FL 32701  TITLE D SEBRON, STEVE 4040 BRONZ BLVD BRONZ BLVD BRONZ NY 10466  TITLE D BERRIOS, JEFFREY 4040 BRONZ BLVD BRONZ BLVD BRONZ NY 10466  TITLE D BERRIOS, JEFFREY 4040 BRONZ BLVD BRONZ BLVD BRONZ BLVD BRONZ NY 10466  TITLE D BERRIOS, JEFSICA STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRE			nt for the purpose of changing	'	FL   ·
Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 2002 Fee will be \$750.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS  11. Delete	SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (	NOTE: Registered Agent signatur	e required when reinstating) DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST	Tax filing r (See criter	requirement and elects to do so.	After September Make Check Pa	13, 2002 Fee will be yable to Department	\$750.00 Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP BRONZ NY 10466 TITLE D BERRIOS, JEFREY 4040 BRONZ BLVD BRONZ NY 10466 TITLE D BERRIOS, JEFREY 4040 BRONZ BLVD BRONZ NY 10466 TITLE D BERRIOS, JEFREY 4040 BRONZ BLVD BRONZ NY 10466 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BRONZ NY 10466 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	TITLE NAME STREET ADDRESS	P GONZALEZ, NANCY 452 OSCEOLA ST., SUITE 11	☐ Delete	TITLE NAME STREET ADDRESS	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP BRRIOS, JEFFREY 4040 BRONZ BLVD BRONZ NY 10466  TITLE D BERRIOS, JESSICA TITLE NAME STREET ADDRESS CITY-ST-ZIP BRONZ NY 10466  TITLE NAME STREET ADDRESS CITY-ST-ZIP BRONZ NY 10466  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	D SEBRON, STEVE 4040 BRONZ BLVD		NAME STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME TO STREET ADDRESS	BERRIOS, JEFFREY 4040 BRONZ BLVD	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         NAME         NAME         NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS	NAME STREET ADDRESS	D BERRIOS, JESSICA 4040 BRONZ BLVD	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
<u> </u>	TITLE NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	Change Addition

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.

SIGNATION

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)