2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2001 8:00 am Secretary of State 05-21-2001 90033 020 ***150.00

DOCUMEN	T #	D0.6000007700	

P96000027200 1. Entity Name

- 4.2.0	cyn-sc	osa Investme	ent Corp.					
Principal Place of Business Mailing Address 3801 Indian Creek Dr. 3801 Indian Creek Dr. Miami Beach, FL 33140 Miami Beach, FL 33140								
2. Principal F	Place of Busin	NG88	3. Mailing Address			6584	31	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number Applied For		oplied For ot Applicable		
Zip		Country	Zip	.Cour	try .	5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
****	6. Name	and Address of Current	Registered Agent			7. Name and Address of New Registers	d Agent	
Gary	I. Bro	wn Esa			Name			
Gary L. Brown, Esq. 4000 Hollywood Blvd., #265-S Hollywood, FL 33021				Street Address (P.O. Box Number is Not Acceptable)				
					City	F	Zip Cod	le .
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NC	OTE: Registers	d Agent signeture require			
W. INBCORD	orbidon is engi	ble to satisfy its intangible	A PARTY OF THE PROPERTY OF THE	YHIFEE	1S \$150.00	46 Flection Compaign Fleensing	\$ E 0	
Tax filing r	•	ble to satisfy its intangible nd elects to do so.	r in Grand 2	1000 (Zes 2000 (Zes 2010 (CE)		10. Election Campaign Financing Trust Fund Contribution.		0 May Be i to Fees
Tax filing r (See criter	a tnemeniuper	nd elects to do so.	Cholene and	(1) in the 100 (1) for a 12.	18-11-000/ villibe 5550/00 sparinjente 745)	10. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS A	□ Adde	i to Fees
Tax filing r (See criter 11. TITLE	pequirement a ria on back) DPS David	OFFICERS AND Burstyn	ARBER MAY INC. ARBER MAY INC. ARBER MAY INC. DIRECTORS Delete	2001 (286 1316 (2619) 12. 1111 1111	Will be \$550,00 spariment of \$51 E	Trust Fund Contribution.	□ Adde	i to Fees
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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:

Daytime Phone #