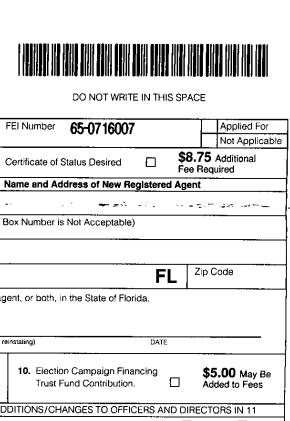
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000031631 RADA-MAR CORPORATION

13. I hereby certify that the information indicated on this report or suppleme of the corporation or the receive or changed, or on an attachment y

SIGNATURE:

Feb 14, 2001 8:00 am Secretary of State



							02-14-200	1 90010 01	0 ***150	0.00	
•	HORE DR #12		Mailing Address 2601 S BAYSHORE DR #1250 MIAMI FL 33133 US								
Principal Place of Business Address Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number 65-0716007 Applied For				
Zip	Zip Country		Zip Coun		ntry	5. Certificate of Status Desired			Not Applicable \$8.75 Additional Fee Required		
-	6. Name	and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent						
ب برد - معید جس		والمنساق يرم المسملات بالثور		ــــــــــــــــــــــــــــــــــ	Name						
ROBERT A. FREEMAN, P.A. 2601 S BAYSHORE DR #1250 MIAMI FL 33133					Street Address (P.O. Box Number is Not Acceptable)						
MIZA	IIII 1 E 30 10.	,			City		•	FL	Zip Cod	le	
SIGNATURE							ent, or both, in the State of F	-lorida.			
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NC	DTE: Registere	d Agent signature requ	uired when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Str				10. Election Campaign F Trust Fund Contributi		\$5.0 Added	O May Be I to Fees	
11.		OFFICERS AND D	_	12.	·		I DITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HER, NORMAN AYSHORE DR #1250	☐ Delete	TITLE NAM. STRE	ľ	· · · · · ·			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I, ROBERT A AYSHORE DR #1250	□ Delete					i	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			watering o			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE				[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ľ			[Change	Addition	
ITLE IAME TREET ADDRESS	,		☐ Delete	TITLE NAME				[Change	Addition	

CITY-ST-ZIP

like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information half 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 dustee empowered is execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if