2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2002 8:00 am Secretary of State

DOCUMENT # P96000049200 1. Entity Name					05-06-2002 90208 004 ***150.00				
ALLIED T	RADERS INTERNATIONAL, II	NC.		,					
Principal Plac	ce of Business	Mailing Address		-					
4001 NW 97T	H AVE	4001 NW 97TH AVE		1					
STE 101 STE 101 MIAMI FL 33178 MIAMI FL 33178									
Miami Fl 331	78	MIAMI PL 33176		15,			- /		
2 Principal (Blood of Ruciness	3. Mailing Address			*				
2. Principal Place of Business 8. Mailing Address 19671 NW 10677				ام					
Suite, Apt		_	DO NOT WRITE IN THIS SPACE						
SUTT	E 410								
City & State City & State			1 - -		4. FEI Number 65-0689648			ied For	
MIH		TEANTA-) (OA	1,+-					Applicable	
331	66 Country		Country		Certificate of Status Desi	, eu	8.75 Additi ee Required	onal .	
	6. Name and Address of Current Re	egistered Agent		7. P	lame and Address of N	lew Registered A	gent		
مصيحت منده ما دمار دمارد			Name	و الملا	Tilbural-	Kale	· 		
•	HRISTOPHER	•	Street Address (P.Q. Box/Number is Not Acceptable)						
	97TH AVE			TI M	AL IVDIT	Jes_			
STE 101	·								
MIAMI FL 33178			City 🔀	City PLUN DICK FL 25232					
9 The shows	a named antih, a daillain fallan tai :	he purpose of changing its reg	istored office or	registered an	ent or both in the State			424	
e. The appare	named entity supply this starment for t	be purpose of changing its reg	istered dirico di	redisteren en	erit, or boar, ar the otate	orronda.	F		
SIGNATURE			H RIGOV	The same	(34 K)	4/2	oloa		
SIGNATURE	Signature, typed or stiffled name of registered egent and	stitle if applicable. (NOTE: Reg	gistered Agent signatur	re required when re	instating)	DATE			
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!! F	TEE IS \$150.0	ю	40 50-6-0		A- 00		
Tax filing requirement and elects to do so After May 1, 200			Fee will be \$550.00		10. Election Campaig Trust Fund Contri		\$5.00 Added to		
(See crite	ria on back)	Make Check Payable t	o Department	of State			71000011		
11.	OFFICERS AND D		12.		DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS I		
TITLE	P	☐ Delete	TITLE	PRES			Change	CH2E034 (8/01 notifibba IX	
NAME	CHEN, CHRISTOPHER		NAME	CU AS	121486 G	<u> </u>		100	
STREET ADDRESS	9942 NW 9TH CT		STREET ADDRESS CITY-ST-ZIP	10/1/	אין טעון נאני			88	
CITY-ST-ZIP	PLANTATION FL			(PAY)	777 J		322 2	<u> </u>	
TITLE NAME	1	Delete	TITLE NAME		CRATTHS WANG	ا .	☐ Change d	Addition 5	
PARTI			DANKE ()		1. X PT A.V.S			ſ	

STREET ADDRESS 11520 NIV 34TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change MLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empressed 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 appears in Block 11 or Block 12 if changed, or on an attachment with appears in Block 11 or Block 12 if changed.

SIGNATURE:

MED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHOW 4/20/02 954-3