2001 UNI	iform bus	iness repo	ort (UBR)	FILED May 21, 2001 8:00 am	Tag	
DOCUMENT # P96000 5411.7  1. Entity Name				May 21, 2001 8:00 am Secretary of State		
Coura	igeous,	山		05-21-2001 90357 003 ***150.00	,	
Principal Place of Busines	38	Mailing Address				
1426 SE	17 281 (Sw)	Mailing Address + 1426 { F+ La	S F 1754-CSW1			
Ff.Laule 1	71 33316	Ftla	416 EE A Jour			
2. Principal Place of Busi	ness	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65 0704217 Applied For Not Applied For	- III	
Zip	Country	Zíp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
1.	and Address of Current R		Name	7. Name and Address of New Registered Agent		
	on witter	JID L CHAP	}€0\ <u></u>	(P.O. Box Number is Not Acceptable)	-	
<b>う</b> 5	31 6-166	io Rd				
Ft	land, Fl	33915	City	FL Zip Code		
. The above named entit	y submits this statement for	the purpose of changing its	s registered office or registe	rred agent, or both, in the State of Florida.		
	111					
IGNATURE	or printed name of registered agent an	nd title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE		
<ol> <li>This corporation is elig Tax filing requirement a (See criteria on back)</li> </ol>		After MAY 1, 20	III FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of St	10. Election Campaign Financing \$5.00 May Be Added to Fees		
1. TUE PS	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	6	
AME CASP	Amassa Mar	70F	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	E034 (11/00)	
TLE STEEL	LUCIETA ALE F	_\	TITLE	☐ Change ☐ Addition	R2E	
ME REET ADDRESS FY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
LE		☐ Delete	TITLE	☐ Change ☐ Addition		
ME REET ADDRESS Y-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TLE		☐ Delete	TITLE	☐ Change ☐ Addition		
AME Treet address Ty-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP			
TLE AME		☐ Delete	TITLE	☐ Change ☐ Addition		
reet address 'Y-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP			
LE ME REET ADDRESS 'Y-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
<ol> <li>I hereby certify that the indicated on this report of the corporation or the</li> </ol>	t or supplemental report is tr	rue and accurate and that m vered to execute this report :	r the exemption stated in Son ny signature shall have the as required by Chapter 60'	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if		