FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90764 001 *****8.75

DOCUMEN I # 1. Entity Name	P96000002	012
	·	
Micky Kic	LARDO TRYTOR	, INC.

Rich	My Ricardo T	AYLOR IN	.c.)		04-02-2002 90764 00		
	DO NOT WRITE	<u>`</u>		Έ				
2. Principal f	Place of Business	3. Mailing Address 2428 RALE	izdo 5	TOTAL				
2 Suite, Apt.	*, etc. RAleigh STREET	Suite, Apt. #, etc.	9// 9	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS	SPACE	
1 10.00	wood, FL	HOLYWOOD, FL		4	1. FEI Number 65-0680835	Applied Not App		
33°020	3ROWARD	33020	020 BlowARC		؛ (5. Certificate of Status Desired \$8.75 Additional Fee Required		
e				_Name ,		Name and Address of Current Registere	d Agent	
•	DO NOT W		†	TAYLO	or T	Ricky RICARDO	INC.	
			dress (P.O	Box Number is Not Acceptable)				
•	in this sp	ACE	•	<u> </u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
				HOLLY	ไฟซอต	1, Fh FL	- ^{Zw} Code 20	5
8. The above	e name pentity submits this statement for	the purpose of changing its	s registere					
SIGNATURE	Signature, typed or printed name of registered agent ar	of title il apolicable. (NOI	TE: Registered	Agent signature	required whe	n reinstating) DATE	-200	2
	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - I After May	Way 1 Fe	e is \$150.0 \$ \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.00 Ma	
	ria on back) 🗌	Make Check Payal			of State	Trast varia Contribution.	☐ Added to Fe	es
11.	OFFICERS AND D	DIRECTORS	777.5				· · · · · · · · · · · · · · · · · · ·	;
TITLE NAME ^	Ricky Disagn To	VIND INC.	TITLE					
STREET ADDRESS	ADDRESS 3428 RATE IGN STREET HOLYWOOD, TR 33020		ll l	T ADDRESS				
	Halywood, FL 3302	0		ST-ZIP				}
TITLE NAME			TITLE NAME					
STREET ADDRESS	ss		- #1	T ADDRESS				
CITY-ST-ZIP			CITY	ST-ZIP		·		
TITLE NAME			: TITLE NAME					
STREET ADDRESS	i e		- 13	STREET ADDRESS CITY-ST-2LP DO NOT WRITE				
CITY-ST-ZIP			CITY-	ST-ZIP		DO NOT WALL		
TITLE NAME			TITLE			IN THIS SPACE	CE.	
STREET ADDRESS			- 11	F ADDRESS				
CITY-ST-ZIP		 	CITY-	ST-ZIP				
TITLE			TITLE					
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE			TITLE				****	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP				
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is to	his filing does not qualify for rue and accurate and that r		<u>L</u>	I in Section	n 119.07(3)(i), Florida Statutes. I further cer e legal effect as if made under oath; that I a	tify that the informa	ition ector

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR