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Mysonward

## FOR PROFIT CORPORATION

## FILED May 15, 2002 8:00 am

UNIFORM BUSI	NESS REPO	RT (UBR)	<del></del>	ry of State
DOCUMENT # 1960 00	062872		05-15-2002 9	0063 004 ***150.00
Pemboke Mall J	vbury Inc	,		
	* /	7		
DO NOT WRIT	TE IN THIS	SPACE		
Principal Place of Business	3. Mailing Address	<u></u>		
11401 Pince Blux				
Suite. Apt. # etc. # 478	Suite, Apt. #, etc.	ب با با	DO NOT WRITE IN	THIS SPACE
City & State	City & State	ř	4. FEI Number	Applied For
73026 Country	Zip	Country is	65-0676736	Not Applicable \$8.75 Additional
73006 0729			S. Certificate of Status Desired     Name and Address of Current Regi	Fee Required
DO NOT 1		Name		stered Agent
DO NOT WRITE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS S	PACE	, ,	1045 Su 1045	Ave
		City	212mi	Zip Code
he above named entity submits this statemer	It for the purpose of changing			FL Zip Code 3ファム
his corporation is eligible to satisfy its Intang ax filing requirement and elects to do so. See criteria on back)  OFFICERS AI	After M	lay-1, Fee,is \$550.00 ded UBR is \$61.25 yable to Department of S	Trust Fund Contribution	-\$5.00-May Be Added to Fees
President	······································	TITLE 1		
ET ADDRESS 10 por 104th Anc		NAME STREET ADDRESS		
Min P		CITY-ST-ZIP		
		TITLE NAME		
ADDRESS:		STREET ADDRESS		
I Eliz		CITY-ST-ZIP		
ADDRESS :		TITLE NAME		
T-ZIP		STREET ADDRESS   CITY-SI-ZIP	DO NOT W	RITE
		TITLE		
ADDRESS-		NAMC STREET ADDRESS	IN THIS SPA	ACE
T-ZIP		CITY-ST-ZIP	The state of the s	ે પ્રાથમ
		IITLE NAME		
AODRESS - ZIP		STREET ADDRESS		
		CHY-ST-ZIP		
ADDRESS		NAME		
· ZIP _ 1		STREET ADDRESS		
nereby certify that the information supplied wildicated on this report or supplemental report the compression or the configuration or the configuration of t	th this filing does not qualify f	or the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further	Certify that the information
dicated on this report or supplied with the corporation or the receiver or trustee en achinent with ap addless; with all other like e	ipowered to execute this rep impowered.	my signature shall have the ort as required by Chapter (	same legal effect as if made under oath; tha 307, Florida Statutes; and that my name app	t I am an officer or director ears in Block 11 or on an
NATURE:	Myn			}
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	- Listor	