FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 01, 2002 8:00 am Secretary of State

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2. Principal F	Place of Business	3. Mailing Address		-	
79:	30 NW 36 1 ST	7930 NU	N 36th ST		
Suite, Apt.	#. etc.			DO NOT WRITE IN THIS SPACE	
Suite, Apt.	. 19	Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
City_& Stat	e	City & State		4. FEI Number Applied For	
	AMI FL	MIAMI	FL	4. FEI Number 650687915 Applied For Not Applicable	
		1 9 1 1 1 1	Country		
3316	6 USA	^{Zip} 33166	VSA	5. Certificate of Status Desired	
	<u> </u>			7. Name and Address of Current Registered Agent	
•			Name		
	DO NIOT 140		H	IDA BOU	
	DO NOT WRITE			Street Address (B.O. Boy Number is Not Abbout bla)	
3.	IN THIS CO	ACE	743	T936 NW 36 Archard # 19	
	IN THIS SP	ACE			
			City MIP	MI FL Zip 3/3/166	
9 The above	named entity culpmite this statement for	the oursess of changing its		ered agent, or both, in the State of Florida.	
o. The obove	Trained chary steering this statement to	are purpose or cranging its	registered office of regist	ared agent, or both, in the State of Florida.	
SIGNATURE,					
	Signature, typed or printed name of registered agent ar	ed hide if applicable. (NOT)	:: Registered Agent signature require	ed when reinstating) DATE	
9. This corne	pration is eligible to satisfy its Intangible		lay 1 Fee is \$150.00		
	requirement and elects to do so.	After May	1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Be	
	ia on back)	Make Check Bauch	l UBR is \$61.25 le to Department of St	Trust Fund Contribution. Added to Fees	
11,	OFFICERS AND D		ne to Department of St		
		incolors .			
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13. Thereby certify that the information supplied with this filling 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 suppliemental 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 recovery purposer of the 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 pither like empowered.

SIGNATURE!

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02

(305)718-3990