FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

201/20079140				Secretary of State	
DOCUMENT # P96000079149				05 24 2002 01386 023 ***150 00	
1. Entity Name	HOUSE POINT	YANHT BRO	KERAGE IN	k	-
LIGHT	HOUSE POINT	inchir. 2.	, ,		
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2. Principal Pl	ace of Business	3. Mailing Address	. 000		
17671	SAN CARLOS BIU		H AVENUE NOO	DO NOT WRITE IN THIS SP	ACE
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 650697329	Applied For Not Applicable
FORT M	TYERS BCH FL.	NAPLES, I	Country	<u> </u>	8.75 Additional
- 3.3 <u>-93</u> 1	Country	Zip 34108	- Country	5. Certificate of Status Desired E.J. F.	ee Required
- 0:0-101				7. Name and Address of Current Registered A	\gent
			Name THOI	MAS WANDERON	
	DO NOT W		Street Address	(P.O. Box Number is Not Acceptable). 1067h FIVENUE NO.	RTA
	IN THIS SP	ACE		10000 1700000	<u>v.,</u>
			Allenda Con.	# ±	Zip Code
			CityNAPL	ES FLA FL	z 39108
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	
			71/2000	AUGERN 5-1-	03
SIGNATURE .	Signature, typed or printed pages	no une il applicable (OTI	ドルのMAS し E: Registered Agent signature require	2-16-16-16-16-16-16-16-16-16-16-16-16-16-	
		January 0 - N	lay 1 Fee is \$150.00		TE 00
9. This corpo	pration is eligible to satisfy its Intangible Equirement and elects to do so.	After May	1, Fee (s.\$650.00 d.UBR (s.\$61.25	10. Election Campaign Financing Trust Fund Centribution.	\$5.00 May Be Added to Fees
	ria on back)	Make Check Payal	ole to Department of St	######################################	and the state of t
11.	OFFICERS AND	DIRECTORS			
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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 certify that I am aniofficer or director 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 Black 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

GEOFFREY ODONOGHUE

5-102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #