2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095449 1. Entity Name THE 2022-GROUP, INC.					Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90016 029 ***150.00			
Principal Place of Business 14521 ROSEWOOD ROAD MIAMI LAKES FL 33014		Mailing Address 14521 ROSEWOOD ROAD MIAMI LAKES FL 33014			1 : 0 0 /2 00 : 1/3 10/10 0/11/1 00/11 00/11 00/11	1 86 1/4 (8(8) 82/1) 8(4)1	B1818 1311 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0717563		pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$9.75	ditional	
	6. Name and Address of Current Re	gistered Agent		7.	Name and Address of New Regist			
	Name	Name						
14521-RC	Christine Osewood Road Kes Fl 33014		Street Addres	s (P.O. E	Box Number is Not Acceptable)	4T-41		
in the back to be the second			-City-			-FL=Zip-Coo	le	
Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.		·)	einstating) 10. Election Campaign Financin Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND DI		12.	ΑC	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DPS HINTON, CHRISTINE 14521 ROSEWOOD ROAD MIAMI LAKES FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTON, WALTON 14521 ROSEWOOD ROAD MIAMI LAKES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HINTON, KENNETH 14521 ROSEWOOD RD MIAMI LAKES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my si red to execute this report as re	ionature shall have thi	e same l	egal effect as if made under path: t	hat I am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR