| Inclusion of Business Mailing Address Principal Place of Business Mailing Address 96 MV 188R0 ST 99 MV 188R0 ST SUITE 114 SUITE 114 NORTH MIANI BEACH FL 33169 NORTH MIANI BEACH FL 33159 2. Principal Place of Business 9 2. Principal Place of Business 9 3. Mailing Address | 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000055821 LENLITY Name | | | | | FILED May 12, 2001 8:00 am Secretary of State | |
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| Suite, Apt. #. etc. Do Not Write In this Serve: City & Suite City & Suite 4. FEI Aurory Soute, Apt. # Fei Aurory ZP Country 2. Control Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory ZP Country 2. Control Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory ZP Country 2. Control Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory Soute, Apt. # Fei Aurory LOZANO, DALAYS Soute, Apt. # Fei Aurory Yearning and Address of New Registered Agent The App. # Fei Aurory Fei Aurory Fei Aurory Soute, Apt. # Fei Aurory Soute, App. # Fei Aurory Soute, App. # Fei Aurory Fei Aurory Soute, App. # Fei Aurory | 99 NW 183RD ST SUITE 114 NORTH MIAMI BEACH FL 33169 | | SUITE 114 | | 1 | 80091994 | |
| City & State City & State 4. PET Number Science of State Desired Papelied For Zip Country Zip Country E. Cardificate of State Desired State Zip Zip Country Zip Country E. Cardificate of State Desired State Zip I. DZANO, DALAYS The above named entry submits inte attatement for the purpose of changing its registered agent The above named entry submits inte attatement for the purpose of changing its registered agent of both. In the State of Florida. SignAntipee Junct Date Date Date Date Date Date Date Dat | 2. Principal Place of Business | | 3. Mailing Address | | | | |
| ZP County Zp County S. Certificatio of Status Dasied S. 75 Additional 6. Neme and Address of Current Registered Agent 7. Neme and Address of Address of Agent 7. Neme and Address of Address of Agent 7. Neme and Address of Address of Agent LOZANO, DALAYS 7200 SW 20 ST Status Dasied Status Das | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| Zip Country Zip Country E. Certificatio of Statue Degreed 98.75 Account of the properties of the properis of the properties of the properties of the properis | City & Sta | ite | City & State | | | hh-1/h34/1 | |
| | Zip | Country | Zip | Country | | 5. Certificate of Status Desired Status Certificate of Status Desired | |
| LOZANO, DALAYS 7260 SW 23 ST MIAMI FL 33155 Suite 114 | | 6. Name and Address of Current R | egistered Agent | | | | |
| SIGNATURE Jumile Jumile Jumile Jupper a transmitter approaches agent of the tage transmitter approaches agent approache | 7260 SW 23 ST MIAMI FL 33155 | | | | Aite I | 14 Iami Beach - FL Zipcode 169 | |
| Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State The Federation matching S.D.U May Be Addition (See criteria on back) OPFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The Federation Strate OPFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The Federation Strate OPFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The Federation Strate OPFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 The Federation Strate Address The Federation Strate Opficers Address Opficers Address 200 SW 23 ST STREET ADDRESS The Federation Strate Opficers Address 200 SW 23 ST Opficers Address Opficers Address Opficers Address 200 SW 23 ST Opficers Address Opficers Address Opficers Address 200 SW 23 ST Opficers Address Opficers Address Opficers Address 200 SW 23 ST Opficers Address Opficers Address Opficers Address 200 SW 23 ST Opficers Address Opficers Address Opficers Address 200 SW 23 ST <td></td> <td>Jamila & Ala</td> <td>YY.</td> <td>E. Abay</td> <td></td> <td>4/30/01</td> | | Jamila & Ala | YY. | E. Abay | | 4/30/01 | |
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| incloated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Handla Babay H/30/01 | NAME STREET ADDRESS | | Delete | NAME STREET ADDRESS | | Change Addition | |
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| | SIGNAT | | HOAH | R DIRECTOR | | 4/30/01 Date / Daytime Phone # | |