FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

JAM SKIN BOSHESS REPORT (UBR)						Secretary or State		
DOCUMENT # P97 0000 56 893						05-17-2002 90033 026 ***150.00		
	<i>C</i> 0		• -	1	/			
CADIEUX, INC.								
	DO N	OT WRITE	IN THIS S	PACE				
1 .	Place of Busine		3. Mailing Address					
	7 <i>NW 28</i> ot. #, etc.	COURT	11759 NW 8	18 COURT		DO NOT WRITE IN THIS SPACE		
City & St	ate	<u> </u>	City II Serve				WRITE IN THIS SPA	ACE
CORAL	- SPRIN	05, FL	CCRAL SPRINGS, FL			4. FEI Number 65-076	7903	Applied For Not Applicable
Zip 3	3065	Country USA	Zip 33065	Country	sA	5. Certificate of Status Des	ired 🗇 \$8	3.75 Additional
 						Name and Address of Cu		e Required gent
	D	W TON C	RITE	Nomo	NICHAE	2 5 CADIEU	Χ	
	/	THIS SP		Street 117	. Address (P.0 59 <i>N</i>	D. Box Number is Not Acce	otable)	
	117	I IIIO OF	ACE	. 🕴				
				City	OR AL	SPRINS	FL	Zip Code
8. The abov	re named entity s	submits this statement for	the purpose of changing its	registered office	or registered	agent, or both, in the State	of Florida.	33065
SIGNATURE	; .	•						
ผี.		printed name of registered agent a	rid title if applicable (NOTI	F: Ringistered Agent sign	ature required who	screinstatug)	DATE	·
9. This corp	oration is eligibl	e to satisfy its Intangible	January 1 - M	lay 1 Fee is \$1. 1, Fee is \$550.0	50.00	40 51-1		
(See crite	requirement and eria on back)	d elects to do so.	Amender Make Check Payab	UBR is \$61.25		10. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees
11.		OFFICERS AND D	DIRECTORS	e to Departme	nt of State		- 1 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME .				TITLE NAME			1,000	me in the second of the second
GIRCET ADDRESS CITY-ST-ZIP				STREET ADDRESS	40 104 20	T. Marin		
	crtify that the infi	Ormation Supplied with th	is filing dogs not await.	CITY-ST-ZIP				
indicated of the corp	on this report or poration or the re	supplemental report is tru acciver or trustee empow	is filing does not qualify for the up and accurate and that my vered to execute this report of the control of t	ie exemption stat Signature shall ha as required by Ch	ed in Section ave the same	119.07(3)(i), Florida Statute legal effect as if made und	es. I further certify tha er oath; that I am an	at the information officer or director
	•	is, with all other like-empo	(ref)d ()	/	-арса 007, FI	once statutes; and that my	name appears in Bi	ock 11 or on an
SIGNATI		GNATURE AND TYPED ORDERIN	* Odue	4)		4/26/02	(954) 344	1-7812
		AND TYPED ORPRIN	TEN NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime P	Tionic #