FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

	0080657	1 4	05-15-2002 90094 005 ***150.00
1. Entity Name Man's At	W0/2 Fr	συσποίβ	
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DO NOT WRITE	IN THIS SI	PACE	
2. Principal Place of Business 4747 Holly west Olus	3. Mailing Address		
Suite, Apt. #, etc. #200	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Holly wow FI	City & State		4. FEI Number 65-6782113 Applied For Not Applicable
Zip 33027 Country JA	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT W		Name Street Address	7. Name and Address of Current Registered Agent UGSUA KICA S (P.O. Box Number is Not Acceptable)
IN THIS SP	ACE.	8	306 Mills Dr. #249
		City M	1,1cm: FL Zip Code 1 83
8. The above named entity submits this statement for	the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or ported name of registered agent as	nd litte if applicable. (NOTE	Registered Agent signature requi	red when reinstating) OATE
9. This emporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS			
STREET ADDRESS 4747 Holly Low B CITY-ST-ZIP Holly Low F1 3	(3027) (301) # 200	NAME STREET ADDRESS CITY-ST-ZIP	CR2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	88
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP		NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE: SIGNATURE OR PRENTED NAME OF BIGNING OFFICER OR DIRECTOR Date:			