2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000089497 DOCUMENT

1. Entity Name

SIGNATURE:

SECTOR 3 INTERNATIONAL, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90144 001 ***158.75

						1	e Tries									
Principal Place of Business 4881 SW 34 TERR HOLLYWOOD FL 33312			Mailing Address 4881 SW 34 TERR HOLLYWOOD FL 33312													
2. Principal Pla 2968	ace of Business Ant Krs	4	I -	ing Address 68 An Hei	~ <i>A</i>	عد،										
Suite, Apt. #, etc. # lo2				Suite, Apt. #, etc. # /o2				CHECK HERE IF MAKING CHANGES								_
City & State F1. Lawlendals, FL			F.J. handerdek, FL				4. FEI	Number	65-090	9603		<u> </u>	No	plied For t Applicable		
Zip Country 33.3 12 U.S.A. 6. Name and Address of Current R				33312 U.			5. Certificate of Status Des 7. Name and Address of N					Fee Required				
DOS SANTO 2442 LEE S HOLLYWOO	os, Louis	a Address of Current		Address Change	- <u>-</u>		Dos ddress (F	20. Box	ڪو کڻ Number	Louis Not Acc	í S	-		Code	12	
	named entity su ons of registered	bmits this statement for d agent.				ed office o				, in the Sta	te of Flor	ida. I ar	n familiar v	with, a	and accept	
After	May 1, 2003 I	FEE IS \$150.00 Fee will be \$550.00 orida Department o	State		·					tion Camp t Fund Cor	-	-			May Be to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.			ADDIT	IONS/C	HANGES	TO OFFIC	CERS AN	ND DIREC	TORS	IN 11]_
NAME STREET ADDRESS	d Dos Santos 4881 SW 34 Hollywood	TERR	FI.L.	□ Delete						ouis Tem. FL 33			Œ Chai	nge	☐ Addition	CR2E034 (10/02)
NAME STREET ADDRESS 4	D DOS SANTOS 4881 SW 34 GOLLYWOOD	TERR	Louele	□ Delete			Jur (}os ≤	entus . 34	Jamin Terr. FL 33	٤.		Cha	nge	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ි ඉතියෙන සිටිය සි		- Delete	NAME STREE	-	- 300	د مرحمها الت <u>ناسط</u> ة	- Te Ta		_	and the Control	÷ E Char	nge ^	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									Char	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									☐ Char	nge	Addition)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete									☐ Char	nge	Addition	
indicated o of the corp	on this report or oration or the re	ormation supplied with supplemental report is eceiver or trustee empo nent with an address, v	true and a wered to e	accurate and that mexecute this report	nv sianati	ure shall h	ave the sa	ame lega	ıl effect :	as if made	under oa	ith: that	l am an off	ficer c	or director	