## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P9700092039						05-02-2002 90119 046 ***150.00		
PERFECT STATIONS, INC.								
	DO NO	I WRITE	IN THIS S	PACE				
	Place of Business  BELC  it. #, etc.	HER RD	3. Mailing Address ろらら Bを Suite, Apt. #, etc.	LCHEK 7	₹ <b>D</b>	DO NOT WRITE	IN THIS SPA	CE
City & Sta	HARBOR,	E!	City & State PALM HAKBS	. E		4. FEI Number		Applied For
336	Co	untry	Zip 33683	Country		59-3455  5. Certificate of Status Desired	□ \$8	Not Applicable  .75 Additional Required
*		Krishheet.	No respective and a	7365		7. Name and Address of Current F		,
DO NOT WRITE			Name-AZIZ MITHWAWI					
	The Property of States	The contract of the contract o	是 明成 智 医皮肤 医甲甲基氏管中枢管	Street a	Address (I	P.O. Box Number is Not Acceptable)	RD	
Artista in the	* IIV	THIS SPA	AUE (					
768 F				City	ALM	HARBOR,	FL	Zip Code 33683
8. The above	е патеd entity subr	nits this statement for t	the purpose of changing its	registered office of	r registere	ed agent, or both, in the State of Flori	da.	
SIGNATURE		d name of registered agent and	d like if applicable. (NOTE	: Regislered Agent signa	ture required	when reinstalina)	4 - 19 - 4	22
9. This corp	poration is eligible to	satisfy its Intangible	January 1 M	ay 1 Fee is \$15	0.00			
Tax filing	requirement and ele eria on back)	ects to do so.	After May Amended Make Check Payab	1, Fee is \$550.0 I UBR is \$61.25	1. T. X.	10. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
11,	<del></del>	OFFICERS AND D		e to Departmen	n or Stat		o avacuesa usagans	NV divisioni di principi di principi
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

941-518-4748 Daylime Phone #