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

FILED Apr 10, 2002 8:00 am Secretary of State 04-10-2002 90034 008 ***150.00

DOCUMENT # P9/1000102962 1. Entity Name Path Finders Unlimited, Inc					04-10-2002 90034 00	8 130.00
DO NOT WRITE IN THIS SPACE					80061595	
2. Principal P	Place of Business S.W. 29 AVE. #. etc.). 29 AVE.		DO NOT WRITE IN THIS SPA	ACE	
Forf	ort Lauderdale, FLA Fort Lauder			LA 4.	FEI Number 65-0801433	Applied For Not Applicable
^{Zip} 33	3/2 USA	33312	Country USA	1		3.75 Additional Required
5.			Name	7. [Name and Address of Current Registered A	gent
4 P P					enda L. Ives	
IN THIS SPACE					1.0. Box Number is Not Acceptable)	
* ·		3 5	City C	, , , 	Lauderdale FL	Zincodi 333312
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE Energia L. Jues Brenda L. Ives 4-1-2002 Signature: typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstanting) DATE						
		n reinstating) DATE				
9. This corporation 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 \$150.00 Amended UBR is \$61.25 Make Check Payable to Department of				ě	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND C	RECTORS				
TITLE NAME	President Brenda L. Iv	0.5	TITLE NAME >	d .		12/2/2
STREET ADDRESS CITY-ST-ZIP	600 5. W. 29 FT. Lauderda	Ave	STREET ADDRESS	· ·		348
TITLE NAME	Secretary Brenda L. In	e (TITLE		Wind in	260
STREET ADDRESS CITY-ST-ZIP	600 S.W. 29	Tue la 33312	STREET ADDRESS			
TITLE	Treasurer_		TILE	*	to some state of the state of t	
NAME STREET ADDRESS	Brenda L. Iv	es	NAME STREET ADDRESS	e		`
CITY-ST-ZIP	600 500.29 Ft. Janduda	le. FL 3331		e	DO NOT WRIT	
TITLE			TITLE		IN THIS SPACE	E
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME	pro-		NAME			
STREET ADDRESS	ر مر		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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 rustee 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.

Brenda L. Ives 4-1-2002