2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007599**

Signature, typed or printed name of registered agent and title if applicable.

X

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

BOWNE, TIMOTHY

1077 N.E. 96TH STREET

MIAMI SHORES FL 33138

Tax filling requirement and elects to do so.

(See criteria on back)

1. Entity Name

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

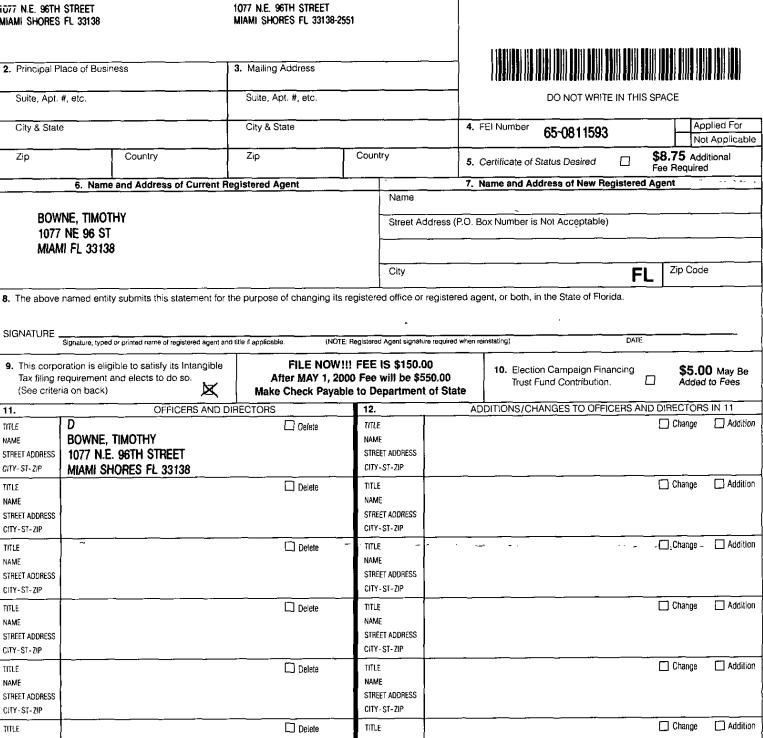
CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of	Business	Mailing Address			
1077 N.E. 96TH STREET MIAMI SHORES FL 33138		1077 N.E. 96TH STREET MIAMI SHORES FL 33138-2551			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	5. Certificate o	
6. Name and Address of Current Registered Agent				7. Name and A	
1077 NE	, TIMOTHY 5 96 ST 11 33138		Name Street Ad	Street Address (P.O. Box Number	

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90230 019 ***150.00



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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 ansupplemental 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

rone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BOWNE