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200	D2 UNI	FORM BUS	NESS REPO	ORT (UE	3R)	Jul 25, 2002		
DOC	UMENT					Secretary o		
						07-25-2002 90126 00	1 ***550.00	
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Principal P	lace of Busines							
2222 CW 24 CT LN								
CAPE CORAL FL 33914 CAPE CORAL FL 33914					İ			
						(A BANTRAL NA LINAS MARIE ABUN BANK ABUN AANA	ANN RENA MALA MEN MAN	
2. Principa	Principal Place of Business 11 SE 47th Street							
——————————————————————————————————————	ot. #, etc.	screet	1411 SE 4 14	Street				
Suite # 9 Suite # 9						DO NOT WRITE IN THIS SPACE		
Case C	oral	FL			4.	FEI Number CF 0000040	Applied For	
Zip		Country	To Coral			65-0823618	Not Applicable	
339	104		33904		5.	Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent					7.	7. Name and Address of New Registered Agent		
POVIA MICHAEL ROBERT ID							9	
				Street	Street Address (P.O. Box Number is Not Acceptable)			
						- Complete C		
		•		<u></u>			· · · · · · · · · · · · · · · · · · ·	
0 75				1		FL	Zip Code	
the obliga	e named entity : Itions of register	submits this statement for the	ne purpose of changing its r	egistered office of	or registered ag	gent, or both, in the State of Florida Lam fa	miliar with, and accept	
	Maid	al A Propin	A.					
SIGNATURE	Signature, typed or	printed name of registered agent and	tle if applicable. (NOTE:	Registered Agent signa	ture required when r	7-23-0.	2	
9. This corp	oration is eligibl	e to satisfy its Intangible	***************************************	·····		DATE		
Tax filing requirement and elects to do so. After September 13, 2002			2002 Fee will b	ne \$750.00	10. Election Campaign Financing	\$5.00 May Be		
11.	na on back)		Make Check Payable	e to Departmen	t of State	Trust Fund Contribution.	Added to Fees	
TITLE D			12.	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	_	IAEL ROBERT JR.	☐ Delete				☐ Change ☐ Addition	
STREET ADDRESS	2328 SW 31	ST LN		NAME STREET ADDRESS		•	J	
CITY-ST-ZIP	CAPE CORA	L FL 33914		CITY-ST-ZIP				
TITLE				777.0				

↓ Delete TITLE NAME Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

7-23-02 239-540-3522