## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 09, 2000 8:00 am Secretary of State DOCUMENT # P98600036192 Muduasi sundin Planet, Inc 05-09-2000 90016 043 \*\*\*150.00 Principal Place of Business Maiting Address **LUU03303** 3043 CURRY FORD ROAD, SUITE 3 -- CURRY FORD ROAD, SUITE 3 \*\*\*\*\*\*\* FL 32806 ORLANDO FL 32806-8817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-3579099 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELET, ALEXANDER V Street Address (P.O. Box Number is Not Acceptable) 12815 MARIBOU CIRCLE ORLANDO FL 32828 City Zip Code 6. 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. (NOTE: Registered Agent signature required when reinstating) Alter MAY 1, 2000 Eac will be too s corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be x filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President Delete TITLE ☐ Change ΉTE Addition Alexander von Relet 12815 Maribon Civili NAME STREET ADDRESS STREET ADDRESS 32828 CITY-ST-ZIP CITY-ST-ZIF Orlandon florida Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

13. Thereby certify that the information supplied with this filling 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 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-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

ADDRESS

4-28-00 407-848-8262

Date Daylime Phone 8

FILED