## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041015

1. Entity Name

M-1LOV SALES, THUC



## FILED May 09, 2003 8:00 am Secretary of State

05-09-2003 90147 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE						
2 Principal Place of Business 3 Mailing Address 4						
2. Principal Place of Business \$468 \$1411400 \$		3 Mailing Address 6 8468 SCULGNO ST				
Suite, Apt. #, ejc.	ALL FLOREDOA	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	4,-4, -01(4,7)	Ocity & State	AUFL:	4. FEI Number	Applied For	
Zip	Country	BOYNTON BE	Country	6 Soutificate of Status Designed	Not Applicable \$8.75 Additional	
33417		33437		5. Certificate of Status Desired	Fee Required	
		orte (1850) – Koronik Salas (1881) – Leono (1861) Salas (1861) – Leono	Name	7. Name and Address of Current Registered Agent  Name  INTRODUCTION  NAME  NAM		
DO NOT WRITE s				P.O. Box Number is Not Acceptable)	-	
IN THIS SPACE						
	n a sa Mara a da ya sanna makanalin ka mililika din Singa santa na sa ka ka mililika ka mililika mililika		City /		Zip Code	
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. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE	vome Buc	will		4/29/03	<u>,                                      </u>	
January	re, typed or printed hame of registered agents 1 - May 1 Fee Is \$150.00	and title if a plicable. (NO	OTE: Registered Agent signature required		ATE	
After May 1, Fee is \$550.00 Amended UBR is \$61.25				<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS						
TITLE PA	ESTO ENT	DIRECTORS	TILE 19	Company of the American Company of the Company of t	Service and the service of the control of the contr	
NAME OFFICE OF	igne BICKOFF		NAME STREET ADDRESS			
STREET ADDRESS STREET ADDRESS STREET ADDRESS	BOUNTED BEACH	FL 13437	CITY+ST-ZIP	and the state of t	eration of the model and the state of the st	
TITLE U	e PRESIDENT		TITLE			
NAME STREET ADDRESS	JARON BICKOFF		NAME STREET ADDRESS			
CITY-ST-ZIP 8	top significant be	ALH FL 33431	CITY-ST-ZIP			
TITLE			TITU: NAME			
NAME STREET ADDRESS			STREET ADDRESS	DO NOT W	OITE	
CITY-ST-ZIP .	· <u></u>		CITY-ST-ZIP	DO NOT W		
TITLE NAME			TITLE	IN THIS SP.	ACE	
STREET ADDRESS			STREET ADDRESS	mann sannaidh (S. 1974) agus ann an Aireann (S. 1974) 1975 - Chairle Chairle, agus ann an Aireann (S. 1974) agus ann an Aireann (S. 1974) 1975 - Aireann Aireann, agus an Aireann an Lineann (S. 1974) agus ann an Aireann (S. 1974)		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE		ta di kana sa mata kana sa mata Ba mata kana sa mat	

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS
CITY - ST - ZIP

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/29/03 56/-634-1000

:R2E034B (12)(