## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 24, 2002 8:00 am Secretary of State

Oldii Okiii DOSII4ESS KEI	OK! (OBK)		Secretar	y or State
DOCUMENT # P98000 46904			05-24-2002 913	345 046 ***150.00
Curri Capital, Inc				
DO NOT WRITE IN THIS SPACE				
			)	
2. Principal Place of Business Aug 3. Mailing Address			•	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Do not write in thi	S SPACE
City & State West melbourne, Fl.  City & State	melbourne, Fl.		59-3716546	Applied For Not Applicable
Zip Country USA Zip	Country	5	. Certificate of Status Desired	\$8.75 Additional Fee Required
	N	<u>-</u>	Name and Address of Current Register	ed Agent
IN THIS SPACE  Street Add  Street Add  Street Add  Street Add		e Paul		
		Street Address (P.O. Box Number is Not Acceptable)		
		3210 North Wickham Rd		
		city melbourne FL zip Gode 935		
8. The above named entity submits this statement for the purpose of o	changing its registered offic	e or registered	agent, or both, in the State of Florida.	4
Land Kunga			•	5/12/02
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent s	gnature required whe	en reinstating) DATE	<u> </u>
9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be				
Tax filing requirement and elects to do so.     (See criteria on back)	Amended UBR is \$61.	25	Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Ch  11. OFFICERS AND DIRECTORS	eck Payable to Departm	ent of State		
BIE President	TITLE			<u> </u>
NAME STREET ADDRESS  253 Flanders DR.  STREET		ec l		[12]
CITY-ST-ZIP Indialantic Fl 32903 CITY		20		[8]   BB
TITLE Secretary	TILE			CR2E034B (12/01)
NAME Laura Rosa Curri STREET ADDRESS 253 Flanders DR.	NAME STREET ADDRE	20		Ö
CITY-ST-ZIP Indialantic Fl. 32903	City+ST+ZiP			
TITLE	TITLE			
NAME STREET ADDRESS	NAME. STREET ADDRE	ss	DO NOT WO	
CITY-ST-ZIP	CITY-ST-ZIP	*	DO NOT WR	IIE.
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CITY - ST - ZIP	CITY-ST-ZIP			
TITLE	TITLE NAME			
STREET ADDRESS	STREET ADDRE	ss		ļ
CITY-ST-ZIP	CITY-ST-ZIP			
13. I hereby 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 of 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				
Tol DO # Holes on 11-				
SIGNATURE: White Comments	Olde D.	<u> </u>	<u> </u>	1-705-1404