## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 02, 2002 8:00 am Secretary of State

05-02-2002 90116 021 \*\*\*150.00

DOCUMENT  1. Entity Name	T#P980000	19336		
	UNIQUE C	SAMES, I	VC.	
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2. Principal Place of But	siness	3 Mailing Addross		

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2. Principal f	Place of Business	3. Mailing Address				
4008	Breenmark IN	22 MARIGOLI	1 CIRCLE			
Suite, Apt	.#, etc.	Suite, Apt. #, etc.	<del> </del>	DO NOT WRITE IN TH	HC CDAME	
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City & Stat		City & State	27	4. FEI Number	Applied For	
VALR		N. PROVI denc	e Ry.	59-3559/55	Not Applicable	
Zip	Country	02904	Country	F Carifforn (Cont.)	\$8.75 Additional	
_3357	45	02904	US	5. Certificate of Status Desired	Fee Required	
		7. Name and Address of Current Registered Agent				
			Name 22 a	2011 Polling		
DO NOT WRITE			Street Address (	s (B.Q. Boy Number is Not Acceptable)		
IN THIS SPACE		400	4008 Greenmark hN.			
	IN ITIO SP	AUE				
			-			
			City VAL	<i>Rico</i> F	L Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its o		red agent, or both, in the State of Florida.	<u> </u>	
	,	and handered at strengting test	egistered unice or register	ed agent, or both, in the State of Florida.		
SICMATURE						
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title il applicable. (NOTE:	Registered Agent signature required	I when renetating) DAT		
				Serial Control	t	
9. This corpo	oration is eligible to satisfy its Intangible		y 1 Fee is \$150.00 , Fee is \$550.00	10. Election Campaign Financing	25.00	
	equirement and elects to do so. la on back)		UBR is \$61.25	Trust Fund Contribution.	\$5.00 May Be Added to Fees	
*		Make Check Payabl	e to Department of Stat		Adjust to rees	
11, *′	OFFICERS AND D	DIRECTORS				
TITLE	PRESIDENT		Jutte .			
NAME	HANN M. KNAUER 4008 BRUNMARN VALRICO, IT. 3	/	NAME OF THE PARTY	n <del>andrews</del> and complete the second		
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13. If 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: