2000 UNIFORM BUSINESS REPORT (UBR)

2000	ONIFORM BUS	ME33 REPU	n i	(UBN)							
1. Entity Nam		.]	FILED								
JUNI 2301UST32 UDTO39241 3MOH (2317 LLAUD						00 JUN 16 PM 4: 17					
Principal Place of Business Mailing Address 7440 SW 127 ST 7440 SW 127						SECRETARY OF STATE. TALL MHOSSEE, FUORID'A					
MIAMI-R. 33156 HIAMI-FL 133/56											
2. Principal Place of Business 3. Mailing Address 7440 Sw ソン い い い い い い い い い い い い い い い い い い			27	5T_		DO NOT WRITE IN THIS SPACE					
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Zip 33	S6 Country	Zip 33/56	Coun	try	5. (Certificate of State	us Desired	ے ہ	8.75 Ad ee Require	ditional	
	6. Name and Address of Current I	Registered Agent			7. N	lame and Addre	ss of New Re	gistered A	gent		4
	HAX BUAYA			Name	•	500	OOBE		i 128.0.	<u></u>]
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	MIAMI. FC. 3315	7					****15	3.00	東京宮宮寺 []	50. UU	7
		9		City	·			FL	Zip Cod	le	_
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	ed office or reg	jistered agi	ent, or both, in the	e State of Florid	da.			
				•			, 1	1.1	_		
SIGNATURE _	(Show HOU)	MAX BRAYA					/م	16/0	O .		1
SIGNATORE _	Signature, typed or phyted mone of registred agent a	nd title if applicable. ' (NOTE:	Registere	d Agent signature re	quired when re	instating)		DATE			Ì
9 This corns	ration is aliable to esticit its Intensible	FILE NOW!!!	CCC	IS \$150.00							1
	ration is eligible to satisfy its Intangible. equirement and elects to do so.	After MAY 1, 200		the state of the state of the	00	10. Election C				May Be	j-
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13. Thereby o	ertify that the information supplied with	this filing does not qualify for t	he exer	mption stated i	n Section 1	19.0 (3)(i), Florid	da Statutes. I fu	urther certif	y that the i	nformation or director	
of the corp	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	wered to execute this report as	aignat requir	ed by Chapter	607, Florid	da Statutes; and t	hat my name a	in, inact aff ippears in f	Block 11 o	r Block 12 if	
cnanged,	or on an attachment with an advess, w	ith all order like empowered.	_			1. 4	,	`		-	
SIGNAT	LIPE: daty	MAX MAX	13.	LAYA	b	116/00	1305	1342-	-1578		1
SIGNAI	SIGNATURE AND THREE OR A	INTED NAME OF SIGNING OFFICER OF				Da	ate (Day	time Phone #		
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