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

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P99000003457				05-21-2002 91148 003 ***150.00	
1. Entity Name	L & Associat				
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2. Principal Pla	oce of Business O S. Dadeland Bl	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 05-088-	Applied For Not Applicable
3315	Country US	Zip	Zip Country		S8.75 Additional Fee Required
	transfer to		Name	_7. Name and Address of Current	Registered Agent
	DO NOT W	is (P.O. Box Number is Not Acceptable)		
	., IN THIS SF	ACE		•	
<u></u>	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		City		FL Zip Code
8. The above r	named entity submits this statement fo	r the purpose of changing its r	egistered office or regi	stered agent, or both, in the State of Flo :	rida.
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature req	aired when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State				10. Election Campaign Fin Trust Fund Contribution	
11.	OFFICERS AND	DIRECTORS-P/D			ξ.
NAME STREET ADDRESS CITY-ST-ZIP	KOtko, Boris 9500 S. Dadelan Miami, FL 3	d Blud \$ 508	NAME: Street adoress City-St-Zip		CB2E/348 (12/04)
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13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNAT	URE: Toza	Kedu		4.30.02	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date	Daytime Phone ≠