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

## FILED Mar 27, 2002 8:00 am Secretary of State 03-27-2002 90083 043 \*\*\*150.00

CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  NAME	1. Entity Nar	MENI# P990000	03576						
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HALLANDALE, FLORIDA SURRISE, FLORIDA 33009 CONTON USA 35351 CONTON USA 351	City & Stal	le				4 FELNumber Applied For			
DO NOT WRITE IN THIS SPACE    SURISE   Server Address of Current Registered Agent   REJEAN LAPIERE   Server Address of Ro. Box Number is Not Acceptable)   T800 W. OAKLAND PARK BLVD. BLDG. "G"	HALLA	NDALE, FLORIDA	SUNRISE, FLORIDA					Not Applicable	
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REJEAN LAPIERS SucceAddrose Spice Box Number is Not Acceptable)  THE SPACE  REPAIR LAPIERS SucceAddrose Spice Box Number is Not Acceptable) TRUE Superator Spice Address Spice Address Spice Box Not Acceptable) TRUE Superator Spice Address Spice Box Not Acceptable) TRUE Superator Spice Address Spice Box Not Acceptable) TRUE Superator Spice Address Spice Box Not Acceptable)  SIGNATURE  SIGNATURE  Apparetor Spice Address Spice Box Not Acceptable)  Red Comments of Death, in the State of Florida.  SIGNATURE  Apparetor Spice Address Spice Box Not Acceptable Spice Box Not	Order reproductive services	with the series with the presentation of the control	air am managama a tama a	in we at		7. Name and Address of Cu	rrent Registered Ag	jent	
IN THIS SPACE    The above ranged entity dubmis this statespent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.   Signature   Sig		DO NOT W		REJEAN LAPIERRE					
8. The above named entity submits this statespant for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Supreme specific product from or programs upon the 4 application.  NOTE: Registered Agent agriculture required when recoverable in the 1 application.  NOTE: Registered Agent agriculture required when recoverable in the 1 application.  NOTE: Registered Agent agriculture required when recoverable in the 1 application.  NOTE: Registered Agent agriculture required when recoverable in the 1 application.  NOTE: State 1 and 1						on Address (P.O. Box Number is Not Acceptable)  OO W. OAKLAND PARK BLVD. BLDG. "G"			
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Tax filing requirement and elects to do so.    After May 1, Fee is \$55,000     Amended UBR is \$51,25     Make Check Payable to Department of State	SIGNATURE .	Signature, typed or printed name of registered agent				when reinstating)	DATE		
TILLE THE PST PELLERIN, YVON SIRETADDRESS CITY-ST-ZIP THE NAME SIRETADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so.  (See criterio en back)  After May 1,  Amended				\$550.00 \$61.25	Trust Fund Contri			
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indicated on trils 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.

Abon Cellein YVON PELERIN (85 3)15/02.

AGRICULTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date