## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 30, 2002 8:00 am Secretary of State

DOCUMENT # P-99000003-906				05-28-2002 91760 026 ***150.00	
Brepamania of South Florag					
DO NOT WRITE IN THIS SPACE					
20 Principal Place of Business	3. Mailing Address				95464
9300 3014 Dirie HWY  Suite, Agi. #, etc. # 102	Suite, Apt. #, etc.	<u> X521</u>	1235	DO NOT WRITE IN THIS SP	
City & State Mi Ami Florida	City & State	MIAMI OF		4. FEI Number	Applied For Not Applicable
33156 Country DAde	33152	Cogni	BALE-	a. Certificate of states bearing	\$8.75 Additional
Nam				7. Name and Address of Current Registered A	Agent
DO-NOT-WI			Street 376	50. P. West Myth Avenue	7
- IN THIS SPA	ACE			2. WEST I WAR	
City Hia eah FL Zio 33					Zip 23012
8. The above named entity submits this statement for t	the purpose of changing its	registered	1 office or register	red agent, or both, in the State of Florida.	./
SIGNATURE COMMUNICATION OF Incidence agent and title Registration. (NOTE: Registrated Agent signature required when reinstating)  (ACT)  (ACT)					
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, Amended Make Check Payable			\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND DI	DIRECTORS	TITLE			=======================================
STREET ADDRESS 18159 N.W. 61 Ct.		NAME	T ADDRESS	مانوا المعقد زوي والعالها يعال فالراز يبعد	( 12001)
TITLE VICE President		TITLE NAME			RZEO
STREET ADDRESS 18159 N.W. 61 Ct	STREET ADDRESS 18159 N.W. 61 Ct.		T ADDRESS		0
TITLE DIAMI, FL 330	<u>15</u>	CHY-ST	i-ZIP	· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS	_	NAME	T ADDRESS -		
CITY-ST-ZIP		CITY-ST		DO NOT WRIT	
TITLE NAME		T/TLE NAME		IN THIS SPACE	E
STREET ADMESS  CITY-ST-ZIP			ADDRESS		
TITLE		TITLE			
NAME STREET ADDRESS			ADDRESS		
CITY-ST-ZIP TITLE		CITY-ST-	- ZIP	*	
NAME STREET ADDRESS		NAME	ADORESS		
CITY-ST-ZIP	26.14	CITY-ST-	7-ZIP		
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 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 of 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, who all other like empowered.					
10 -1. 10- (305) 307 1111					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEED CAPTURE OF SIGNING OFFICER OR DIRECTOR					