2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000006604** AMERICAN IMMIGRATION LAW OFFICES, P.A. 04-19-2000 90070 050 ***150.00

Mailing Address

POST OFFICE BOX 2327 BRANDON FL 33509-2327

Suite, Apt. #, etc

33568-1635

6. Name and Address of Current Registered Agent

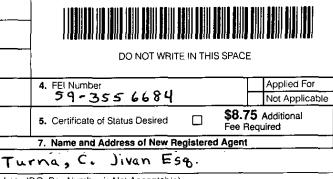
Signature, typed or printed name of registered agent and title if applicable

Riverview, FL

3. Mailing Address
Post Office Box 1635

Apr 19, 2000 8:00 am Secretary of State

841224



TURNA, C. JIVAN ESQ. 1463 OAKFIELD DRIVE SUITE 128 **BRANDON FL 33509**

Principal Place of Business

FL 33509

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

... OAKFIELD DRIVE

128

Street Address (P.O. Box Number is Not Acceptable) 10112 Tarragon Dr. River view

3. The ab	ove named entity submits this	statement for the purp	bose of changing its registered office of registered agent, of both,	in the State of Florida.
	C. Yivan	7 w-		4/2/00
3100 NATUE				7/0/44

Country

USA

9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE, Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition President ☐ Delete TITLE TITLE C. Jivan Turna NAME 10112 Tarragon Dr. STREET ADDRESS STREET ADDRESS Riverview FL 33569 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

QUEQUIVAN Turna. President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-661-2060

Daytime Phone #