## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 02, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)				Secretary of State	
DOCUMENT # P970000   3876  1. Entity Name					
TECH	al audst Jasius	TORF TRINK	25		
DO NOT WRITE IN THIS SPACE					
233		ディー あしょう アメランガラン さおかんり			
2. Principal Place of Business 3. Mailing Address 70 50 5 4 70 50 54			72&S, C		
Suite, Apt.	site, Apt. #, etc. Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	& State Douie, Fl City & State Do.		ne Fl	4. FEI Number 65 -0909607 Applied For Not Applicable	
3 <sup>Zio</sup> 33	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional  — Fee Required———
7. Name and Address of Current Registered Agent  Name  TO 11 / O A   UA O					
	DO NOT W	PITE .	<b>                                    </b>	MILLO DEUARO	
[編集] 이 기계를 살아 걸어 걸어 되는 것이 되고 수가 되어 가지 않아 가지 않아 보다 그가 되지 않아 되었다. [4]					
	/ IN THIS SP	ACE	10139	s W. Sunus	
City Planatem FL 53322					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  January 1- May 1 Fee: is \$150,000					
[德国第577]	After May 1, Fee is \$550.00 W Amended UBR is \$61.25			<ol> <li>Election Campaign Finand Trust Fund Contribution.</li> </ol>	sing \$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of OFFICERS AND D	A 90 Mar - 1900	Der Verster auf der kein		T. 秦军 (秦庭) (秦军) (秦军) (秦军) (秦军) (秦庭) (秦庭) (秦庭) (秦军) (秦军) (秦军) (秦军) (秦军) (秦军) (秦军) (秦军
TITLE	0 -	31.20.010	NITILE () ( SEE SEA)		92
NAME STREET ADDRESS	LARD MARTHA S. 5205 2005 2005 2005 2005		NAME STREET ADDRESS		(12/02)
CITY-ST-ZIP	Davie PL 3331	7	CITY-ST-ZIP	enteries de la company	034E
TITLE NAME	VP.D Parao Rrando		TITLE		CR2E034B
STREET ADDRESS	7285 mis 0205		STREET ADDRESS		
TITLE	DOVIE PC, 33317 STD		CITY-ST-ZIP		
- HAME -	LARA AUTOURO		#KAME		
STREET ADDRESS CITY-ST-ZIP	1000 S.W. 35T.		STREET ADDRESS	DO: NOT/V	VRITE
TITLE			TIME #24.58 W. T.	IN THIS S	Sec. 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP		LIVE BOARD OF LOT	CITY-ST-ZIP	her exist exercise	11.00
TITLE NAME			TITLE TO A TO		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS	Environment	
TITLE			CITY_ST_ZIP.		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
12. 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 10 or on an attachment with an address, with all other like a procured.					
attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR  Dayline Phone #					