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CR2E034 (10/02)

FILED

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPORT	(UBR)	Apr 28, 20 0	03 8:0	0 am	
DOCUMENT # P99000020243 1. Entity Name SIESTA BUSINESS SOLUTIONS INC.					Secretary of State 04-28-2003 91333 023 ***150.00			
901 SW 141	ee of Business AVE #M109 INES FL 33027	Mailing Address 901 SW 141 AVE #M109 PEMBROKE PINES FL 3302	27					
2. Principal Place of Business 1206 Cactor Court 1206 Cartor			o Court			Tita iink mania 44011 I	Picos (211 1863	
Suite, Apt. # 10 2	#, etc.	Suite, Apt. #, etc. # 162			CHECK HERE IF MAKING CHANGES			
FT PIE	ERCE FL	City & State FT PIERCE	FL		4. FEI Number 65-0900538	⊢—	oplied For	
3494		34949	Country U.S.		5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current				7. Name and Address of New Registers			
			Name	ĒIS	ELE, EQ			
EISELE, ED				Street Address (P.O. Box Number is Not Acceptable) #102				
901 SW 141 AVE #M109 PEMBROKE PINES FL 33027					action Court #		 -	
	City	FT. PIERCE FL 232949						
		r the purpose of changing its re	egistered office or		ed agent, or both, in the State of Florida. I a	am familiar with,	and accept	
the obligat	ions of register of agent.	0-1	, *·		1	2.4.7		
SIGNATURE .	[awada	47.	Registered Agent signatu			14/03	.	
	Signature, typed or printed name of registered agent	and title it applicable. (NOTE:	Hegistered Agent signatu	re required	when reinstating)			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State	ng en e		9. Election Campaign Financing Trust Fund Contribution.	_ ++	0 May Be to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	D	Delete Delete	TITLE	D	ADDITIONS/OFFIANGES TO OFFICERS A	Change	Addition	
NAME STREET ADDRESS	EISELE, ED 901 SW 141 AVE #M109	<u></u>	NAME STREET ADDRESS	EIS	RE, ED 6 Caritor Gart #	•		
CITY-ST-ZIP	PEMBROKE PINES FL 33027		CITY-ST-ZIP	F	PIERE, FL 3494	49		
TITLE		☐ Delete	TITLE	7 1.		☐ Change	☐ Addition	
NAME			NAMÉ					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	-THE					
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	·	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP			☐ Change	Addition	
NAME		□ Ueiete	TITLE Name	:		E change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	**		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME 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 Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP