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TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  TALLAHASSEE, FLORIDA  Suite, Apt. #, etc.  Do Not writte in this space    Applied For	DOČÚMI	UNIFORM BUS ENT # P99000					
SS N.E. 15TH STREET, STE JOP CU-10  SSS N.E. 15TH STREET, STE JOP CU-10  MANI FL 30122  Principal Place of Business  3. Mailing Address  Sulfe, Apt. #. etc.  City & State	-	achts brokerage, inc	<b>C</b> .			FILED	
SS N.E. 15TH STREET, STE JOP CU-10  SSS N.E. 15TH STREET, STE JOP CU-10  MANI FL 30122  Principal Place of Business  3. Mailing Address  Sulfe, Apt. #. etc.  City & State	Principal Place of	Business	Mailing Address			01 SEP 12 PM 4	: 44
Suite, Apt. 9. ofc.    Suite, Apt. 9. ofc.   Suite, Apt. 9. ofc.   Suite, Apt. 9. ofc.			555 N.E. 15TH STREET. S	STE.JOY CU-10	· ·		
City & State    City & State    City & State    City & State    Country    S. Certificate of Stitus Desired   St. 75 Applicable   Res Repulsed   Res State    Res	2. Principal Place	of Business	3. Mailing Address				
Security	Suite, Apt. #, et	tc.	Suite, Apt. #, etc.		. DO NOT	WRITE IN THIS SPACE	101
Secreticate of Status Desired   S. Corrificate of Status Desired   S. 7.5 Additional Fee Required	City & State		City & State		4. FEI Number		
BERTON, GERALD—Street Address of New Registered Agent  Name  BERTON, GERALD—Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Accepta	Zip	Country	Zip	Country	5. Certificate of Status Des	ired	litional
BERTON, GERALD  Stroot Address (PO Box Number is Not Acceptable)  Stroot Address (PO Box Number is Not Acceptable)  Stroot Address (PO Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  City	6	6. Name and Address of Current	Registered Agent	,	- 7. Name and Address of N	<u></u>	
Sistence in the property of th	· REDTON	N GERAID		Name		المستدفيقيات محجد	<u>حب</u> عد.
City FL Zip Code  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.    Apply   Ap	555-N.E	E. \$5TH STREET, STE.104° C	u-10	Street Addres	s (P.O. Box Number is Not Acce	ptable)	
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.    Second	1 IMAIM ℃	rL 33132			·		
IGNATURE    A process of period come of completed agrees and their producted   Completed agrees and their production   Completed   Complet				City		FL Zip Code	•
NOTE   CREATION   CR	. The above name	ned entity submits this statement for	or the purpose of changing its	registered office or regis	tered agent, or both, in the State	of Florida.	
This_Corporation is eligible to satisfy its intangible   Tax filing requirement and elects to do so.   After SEPTEMBER 13, 2000 Min. will be \$750.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added to Fees   Added to Fees   Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Trust Fund Contribution.   \$5.00 May Be Added to Fees   \$5.00 May Be Added to	IGNATURE	1.113			////	0 4	
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TREET ADDRESS INTY-ST-ZIP  S. 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	Tax filing requir (See criteria or  11.  ITLE IAME TREET ADDRESS ITY-ST-ZIP	on is eligible to satisfy its Intangible irement and elects to do so. In back)  OFFICERS AND  OFFICE	FILE NOW After SEPTEMBER Make Check Payal DIRECTORS Delete  2-1 0 3 3 1/3 V Delete Delete	III FEE IS \$550.00  13, 2000 Min. will be \$10 to Department of \$12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	750.00 10. Election Campaignstate Trust Fund Contr	gn Financing   \$5.0   Added   Added   Added   OFFICERS AND DIRECTORS   Change   4602963 - 20/01-01078-01   *750.00   ****750   Change   Ch	to Fees  S IN 11  Addition  O2  Addition  Addition
3. 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	Tax filing requir (See criteria or  1.  ITLE AME TREET ADDRESS ITY-ST-ZIP  ITLE AME TREET ADDRESS	on is eligible to satisfy its Intangible irement and elects to do so. In back)  OFFICERS AND  OFFICE	FILE NOW After SEPTEMBER Make Check Payal DIRECTORS Delete  2-1 0 3 3 1/3 V Delete Delete	III FEE IS \$550.00  13, 2000 Min. will be \$' ble to Department of \$  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	750.00 10. Election Campaignstate Trust Fund Contr	gn Financing   \$5.0   Added   Added   Added   OFFICERS AND DIRECTORS   Change   4602963 - 20/01-01078-01   *750.00   ****750   Change   Ch	to Fees  S IN 11  Addition  O2  Addition  Addition
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