2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

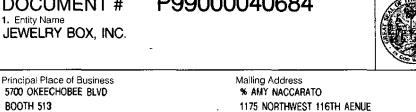
P99000040684

CORAL SPRINGS FL 33071

1. Entity Name

US

WEST PALM BEACH FL 33417



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90087 045 ***150.00

2. Principal P	lace of Busin	ess	3. Mail	3. Mailing Address				1188		1011k 06111 T	BING KRIPA I	IBIAI BIAI	 		
Suite, Apt.	#, etc.	<u>.</u> .	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI Number 65-0926516					_	pplied For lot Applicabl	e
Zip	Country			water many	Coun	Country		Certificat		Desired		\$8 Fe	8.75 Ace Require	iditional ed	
	6. Name	and Address of Curr			7.	. Name an	d Address	of New I	Register	ed Ag	ent				
SANDERS, BARBARA						Name Street Ad	Idress (P.O.	Boy Numb	or is Not A	nnontohi	٥١				4
113 WELL	INGTON B			Street Addi			iuless (r.O.	, DOX INUITIL	DELIZ MOLA	cceptabl	e)				
WEST PA	LM BEACH	FL 33417													
¥					City							FL	Zip Co		
		submits this statemer	nt for the purp	ose of changing its i	egistere	ed office or	registered a	agent, or b	oth, in the	State of Fl	orida. 1	am fan	niliar with	, and accept	t
_	ions of regist	ered agent.													1
SIGNATURE .															
	Signature, typed	or printed name of registered a	gent and title if appl	licable. (NOTE:	Registered	d Agent signatur	e required where	n reinstating)			DA	TE			
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550. Florida Departmer							lection Car rust Fund (-			00 May Be ed to Fees	}.
10.		OFFICERS A	ND DIRECTO	RS	11.			ADDITIONS	S/CHANGE	S TO OF	FICERS	AND D	IRECTO	RS IN 11	4
TITLE	PD		☐ Delete	TITLE	TITLE				-:			Change	Addition	n i	
NAME	SANDERS, BARBARA				NAME	:									
STREET ADDRESS		INGTON B	-			ET ADDRESS									
CITY-ST-ZIP		M BEACH FL 3341	1		CITY	-ST-ZIP									4
TITLE	STD			☐ Delete		TITLE NAME							_ Change	Addition Addition	۱ ۱
NAME	NACCARA		CAN IF	•		ľ									-
STREET ADDRESS CITY-ST-ZIP		ithwest 116th av Prings fl 33071	ENUE			STREET ADDRESS CITY-ST-ZIP									
	COLOUR	THINGS I E GOOT I	·										T Channe	Addition	4.
TITLE NAME				Delete	11TLE NAME							L] Change	Addition	'
STREET ADDRESS						ET ADDRESS									
CITY-ST-ZIP						·ST-ZIP									
TITLÉ				☐ Delete	TITLE								Change	Addition	7
NAME					NAME							_	- 0		-
STREET ADDRESS		•			STREE	ET ADDRESS									-{
CITY-ST-ZIP					CITY-	ST-ZIP									
TITLE				☐ Delete	TITLE		;						Change	Addition Addition	1
NAME					NAME	ľ									Í
STREET ADDRESS						ET ADDRESS									-
CITY-ST-ZIP					1	ST-ZIP						-	7.0		4
TITLÉ				☐ Delete	TITLE	i i						Ĺ] Change	Addition	1
NAME STREET ADORESS					NAME	T ADDRESS									
CITY-ST-ZIP						ST-ZIP									

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 an address, with all other like empowered.

SIGNATURE: