## FILED Jun 25, 2001 8:00 am Secretary of State

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Suite, Apt. 4, etc.  City & State  M. Mianum IScach -FL  Suite, Apt. 4, etc.  City & State  N. Mianum IScach -FL  Suite, Applicable  S	6721 NORTHM	EST 36TH AVENUE	6721 NORTHWEST 36TH A	VENUE	r 1987ikan sir sania rang sania	8557	a arraŭ sile suas
Miliami Scack -FL Williams Scack FD Survey SA 23 169 Country U.S.A 5. Certificate of Status Desired SA-75. Additional Feedback FR SA 169 Country U.S.A 5. Certificate of Status Desired SA-75. Additional Feedback FR SA 169 Country U.S.A 5. Certificate of Status Desired SA-75. Additional Feedback FR SA 169 Country U.S.A 5. Certificate of Status Desired SA-75. Additional Feedback FR SA 169 Country U.S.A 5. Certificate of Status Desired Sa 169 Country U.S.A 5. Certificate of Status Desired Sa 169 Country U.S.A 5. Certificate of Status Desired Agent SA 169 Country U.S.A 5. Satisfies Address of New Registered Agent Man.  Sitered Address (F.O. Box 160 And Address of New Registered Agent Man.  Sitered Address (F.O. Box 160 And Address of New Registered Agent Man.  Sitered Address (F.O. Box 160 And Address of New Registered Agent Man.  Sitered Address (F.O. Box 160 And Addr	10	WW 1675T	l lon	1.W 1675T	<del>-</del>	RITE IN THIS SPACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. SPECEL & UTREPA, P.A. 33 ALMERA AVPAIUE CORAL GABLES Ft. 33134  8. The above regined entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  8. The above regined entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  8. This corporation is eligible to eatiety its Indianghible Tax fifting requirement and effects to do so.  9. This corporation is eligible to eatiety its Indianghible Tax fifting requirement and effects to do so.  9. This corporation is eligible to eatiety its Indianghible Tax fifting requirement and effects to do so.  9. The Corporation is eligible to eatiety its Indianghible Tax fifting requirement and effects to do so.  9. The Now III FEE IS \$150,00  9. After MAY 1, 2001 Fee will be \$550,00  10. Election Campaign Financing Added to Fees Corporation of the Corporation of State New York State Office or registered agent, or both, in the State of Florida.  9. The Corporation is eligible to eatiety its Indianghible Tax fifting requirement and effects to do so.  9. After MAY 1, 2001 Fee will be \$550,00  10. Election Campaign Financing Added to Fees Corporation of State New York State Office or registered agent, or both, in the State of Florida.  9. Thus Fund Contribution.  9. Added to Fees The Tax for the Contribution of State T	N.Mia	mi Beach -FL	N. mian	Country 4	2	<u>     </u>	Not Applicable
SPECIL & UTREPA, P.A. 343 ALMERA AVENUE CORAL GABLES R. 33134  8. The above resined entity submits this statement for the purpose of changing its registated office or registered agent, or both, in the State of Florida.  SIGNATURE	33	169 USA	33/69	USA	5. Certificate of Status Desired		
SIGNATURE	343 COF	ALMERIA AVENUE RAL GABLES FL 33134	the Duroose of Chenging is	Street Address	(Р.О. Вохім	FL Zip Co	
Text filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Tust Fund Controllation.   So. 200 May Be Added to Peep St. 200 May Be May							
TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE G721 NORTHWEST 36TH AVENUE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE MANE MANE MANE MANE MANE MANE MAN	Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.  Make Check Payable to Department of				ate Trust Fund Contribut	tion 🗀 Adda	ed to Fees
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NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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 circular shall have the approximate the information.	NAME STREET ADDRESS		☐ Delata	NAME STREET ADDRESS	) 32)	☐ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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.	of the corr changed,	or all a leport is upon a condition or the receiver or trustee empower or on an attachment with an address, will	rue and accurate and that my rered to execute this report as				