2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000055362 **DOCUMENT#**

1. Entity Name

INTERNATIONAL	FRANK HISE	IJEVEL	CIPINIFIXE	IINL .

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FILED Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90070 032 ***150.00

						WE VE					
Principal Place of Business 4305 NE 21ST AVE 4305 NE 21ST AVE											
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308						~					
2. Principal P	Place of Busin	ess	3. Ma	iling Address	+		-)	##
Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.				☐ CHECK HERE II	MAKING C	HANGES	
City & Stat	te		City	& State			4. F	65-0374542			oplied For ot Applicable
Zip		Country	Zip	_	Country	/ 		Certificate of Status Desired	Fe	8.75 Add ee Require	
	6. Name	and Address of Curren	Register	ed Agent		* 1	7. N	lame and Address of New Re	gistered Ag	ent	
						Name					
LOMBARE), Joann				-	Street Add	ress (P.O. B	ox Number is Not Acceptable)			
4305 NE :	21ST AVE				_					-	
APT 6	IDEBBALE I	FL 00050								T	-1411
w£	JDERDALE I					City			FL	Zip Cod	
	named entity tons of registe		or the purp	oose of changing its	registered	office or re	gistered age	ent, or both, in the State of Flor	ida. I am far	niliar with,	and accept
SIGNATURE	Signal and the second	or printed name of registered agen	and title 16	-E	· D internal A				DATE		
+ j *f	Signature, typed	or printed name or registered agen	and title if app	olicable. (NOTE	: Hegistered A	gent signature	required when re	insta(ing)			
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 Florida Department o		^-	=	٠		Election Campaign Fina Trust Fund Contribution			0 May Be to Fees
10.	·;	OFFICERS AND	DIRECTO	1)RS	11.		AD.	DITIONS/CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 11
TITLE	DP	•		☐ Delete	TITLE	<u> </u>				Change	Addition
NAME	LOMBARD	I. JOANN			NAME				-	-	
STREET ADDRESS		IST AVE APT 6			STREET	ADDRESS					
CITY-ST-ZIP		DERDALE FL 33308			CITY-S	T-ZIP					
TITLE		 -		☐ Delete	TITLE					Change	Addition
NAME				La Doloa	NAME				•		
STREET ADDRESS	1	-			STREET	ADDRESS					
CITY-ST-ZIP		•			CITY-S	T- ZIP					
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NAME	[NAME		<u> </u>	اليام المعادد		* *	•
STREET ADDRESS		والأنجاب المسترين المنازي		نسم ہے ہے۔ مصدرت		ADDRESS		_ :: -			
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NAME					NAME						
STREET ADDRESS					STREET	ADDRESS .					
CITY-ST-ZIP	<u></u>				CITY-S	r- zip					
12. I hereby o	certify that the	information supplied with	n this filina	does not qualify for	the exemi	otion stated	in Section 1	19.07(3)(i), Florida Statutes. I	further certify	that the in	nformation

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. JOANN LOMBARO'I

SIGNATURÉ;