## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P990000 65056  1. Entity Name  MURRIACO INVESTMENTS, INC			05-21-2002 90878 047 ***150.00	
DO NOT WRITE	IN THIS SPAC	<b>3</b>		
2. Principal Place of Business 140 NW 9" Avenue	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE.	
Mi Ami Flanida	City & State		1 Number 10472	77 Applied For Not Applied be
33128 Country USA	Zip ~ Countr		ertificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WI IN THIS SP		Name Victo Street Address (P.O. 8d	ne and Address of Current R  RIA BAR  ox Number is Not Acceptable)  W. 94 A Y2  MI	Riss
8. 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.  Signature: Signature: special or printed name of registered agent and title (applicable. (NOLL: Registered Agent signature required when remistrated).				
9. This corporation is eligible to satisfy its Intancible Tax filing requirement and elects to do so. (See criterin on back)  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of St.		\$550.00 \$61.25	10. Election Campaign Fina Trust Fund Contribution.	
11. OFFICERS AND E  IIILE  NAME  STREET ADDRESS  CITY- SI-ZIP  TIFLE  NAME  STREET ADDRESS  CHY- SI-ZIP  MI AMIL STREET ADDRESS  CHY- SI-ZIP	Raios International Street  3 3/2 8 City-5  7 A a i os Street NAME STREET NAME STREET STREET STREET STREET STREET STREET	AODRESS		CR2E034B (12/01)
THE NAME STREET ADDRESS CHY S1-70 BILE	INLE STREET CONV.S	ADDRESS.	DO NOT V	
NAMI STRIET ADDRESS CITY-ST-7IP TITLE NAME	CRY.S THLE NAME			
STREET ADDRESS CITY-S1-ZIP HILE NAME STREET ADDRESS CITY-S1-ZIP	CITY-SI TITLE: NAME:	ADDRESS:		
13. I hereby certify that the information supplied with it indicated on this report or supplemental report is of the corporation or the receiver or trustee important actions attachment with an address, with ellipther like emportance in the supplemental supplementation of the corporation of the receiver of trustee in the corporation of	Tis filing does not qualify for the exemptive and accurate and that my signature wered to execute this report as require	otion stated in Section 115 e shall have the same leg ed by Chapter 607, Florid	9.07(3)(i). Florida Statutes. I fu pal effect as if made under oat la Statutes; and that my name	b. that Lom an officer or director - 1