~ 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075628

1. Entity Name

DEBBIE DIEP, INC.

Principal Place of Business

Mailing Address

7726 NW 194TH STREET

7726 NW 194TH STREET

VIAMI FL 3301	5		MIAMI FL 33015									
2. Principal Place of Business			3. Mailing Address								YOU IEII UEBU	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 65-0943567			Applied For		
7!-		Country	Zip Cou		untry 5						ot Applicable	\cdot
Zip		Country					5. Certificate of Status Desired					
	6. Name	and Address of Current F	legistered Agent		N		7, N	lame and Address of New Regist	ered A	gent		-
eui	CTEDHEN	<u></u>	- Sample of the Same of the Same		Name	چينېد		ر د سه المسادين				<u> </u>
7726	STEPHEN 3 NW 194TH MI FL 33015	STREET		Street Address (P.O. Box Number is Not Acceptable)								
MIA	MI FL 33013		·		City				FL	Zip Cod	e	
9 The above	a named entity	cultimite this statement for	the purpose of changing its	registere	ed office or	registere	ed age	ent, or both, in the State of Florida.		1		1
6. The above	a named enmy	submits this statement for	the purpose of changing ha	, register	ou omice of	registere	o ug	one, or both, in the blace of themale				
SIGNATURE		, , , , , , , , , , , , , , , , , , ,										
	Signature, typed o	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signati	ure required v	when re	instating)	DATE			-
Tax filing	_	ole to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St.			50.00	е	10. Election Campaign Financin Trust Fund Contribution.	g 🗆		00 May Be d to Fees	
11.		OFFICERS AND D	DIRECTORS	12.			AD	DITIONS/CHANGES TO OFFICER	3 AND	DIRECTOR		ے ا
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City-St-Zip	<u> </u>	4.45		CITY	- ST- ZIP			******				-
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NAME STREET ADDRESS				NAM STRE	et address							
CITY_ST_7IP					-ST-7IP							

oblied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information alreport 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 using empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered. I hereby certify that the information sup indicated on this report or supplementa of the corporation or the receiver or to changed, or on an attachment with a STEPHEN SHI

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB - 8 2001