## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 2

DOCUMENT # P99000076289  1. Entity Name ACHAN, INC.					May 15, 2001 8:00 am Secretary of State 05-15-2001 90176 023 ***150.00		
Principal Place of Business		Mailing Address					
4180 PINE HOLLOW CIRCLE GREENACRES FL 33463		4180 PINE HOLLOW CIRCLE GREENACRES FL 33463-4374			A Company of the Comp		
Principal Place of Business     7016 Charleston Shores Blvd     Suite, Apt. #, etc.		3. Mailing Address  2367 University Drive  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Lake Worth, FL 33467-7628		City & State Coral Springs, FL 33065			FEI Number 65-0945373	<del></del>	opplied For
Zip	Country	Zip Zip	Country		Certificate of Status Desired	\$8.75 Ad	ditional
. 1	6. Name and Address of Current Re	egistered Agent	<u></u>		Name and Address of New Registe	Fee Hequin	ed
Name				<del></del>		<u></u>	
	n, yiu sing ) Pine Hollow Circle	Street Addres		et Address (P.O. i	Box Number is Not Acceptable)		
GRE	ENACRES FL 33463						
		City				FL Zip Coo	de
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office	e or registered aç	gent, or both, in the State of Fiorida.		
SIGNÁTURE .	Signature, typed or printed name of registered agent and	007	E. Panatared Spent o	gnature required when i	,	ATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat		0.00 \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be d to Fees
11.	OFFICERS AND DI	RECTORS	12.		DDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s  4180 P	TIU SING INE HOLLOW CIRCLE CRES, FL 33463	☐ Change	X Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES			Change	Addition
CITY-ST-ZIP	, ,		CITY-ST-ZIP				The same
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition
13. I hereby condicated of the corp	ertify that the information supplied with this on this report or suppliemental report is trusoration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that m red to execute this report a	the exemption s	have the same	legal effect as if made under oath: th:	at I am an officer ars in Block 11 or	or director Block 12 if

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