2001 UNI	IFORM BUSI	ness <u>r</u> epo	rt (UBI	R)		ILED	Si company	The second secon
DOCUMENT 1. Entity Name RIN	# P9900 go-Managemum	0076669 ot 62002, I			Secreta	2001 8:00 ary of Stat 90037 007 ***158.75	e	And the second of the second o
Principal Place of Busine	+BM OR,	Mailing Address					The second secon	Control of the contro
BELLEAIR	BLUFFS, F	2 33770			6 5	8744		
2. Principal Place of Bus Suite, Apt. #, etc.	HKOVE	3. Mailing Address Suite, Apt. #, etc.	5005		DO NOT W	/RITE IN THIS SPACE		
City & State		City & State		4. F	El Number	Scall 2 Ap	oplied For	
Zip	Country	Zip	Country	5. (59-359 Certificate of Status Desired	\$8.75 Ada	ot Applicable dittional	
6. Nam	e and Address of Current Re	gistered Agent	.	7. 1	lame and Address of Nev			
			Name Street A	KUGO BO B		LC hie)		
	TIM GENEUR		Silver A	/046 C	ox Number is Not Accepte	Tup #192		
	JIM GENCUR 3(1 GIOUCESFI Sa Film HAM ity submits bys statement for th	ra st	City	G 11		FL Zip Sog	67/6	
8. The above named enti	ity submits this statement for the	he purpose of changing its re	egistered office or	registered age	ent, or both, in the State of		//6	
SIGNATURE Signature, type	Koznall	<i>n</i>		JANG.	Mesitent instatung)	4-29-0		
_9. This corporation is eliq Tax filing requirement (See criteria on back)		FILE NOW!!! After MAY 1, 200 Make Check Payable	1 Fee will be \$5	550.00	- 10:- Efection Campaign Trust Fund Contribu		0 May Be I to Fees	
	OFFICERS AND DIE IN GAUNT FS Edenvilles MUNATER (CL.)	h~c	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. V. T.	···	OFFICERS AND DIRECTORS Change 5/100 4/92	WS [N 11]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENCYK Glancestenst	# 37695	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 51 - M2	tees for q,	Change	Addition &	
	nly Strows	A polete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Crange	Addition	American (A) — Milas (A)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AWARA, PL	7 7 5 6	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	(A)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	Addition	
indicated on this repo of the corporation or t	ne information supplied with the ort or supplemental report is truthe receiver or trustee empower tachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall h	ave the same I	egal effect as if made undi da Statutes; and that my na	er oath: that I am an officer	or director Block 12 if	
	SIGNATURE AND YPED OF PAN	RED NAME OF SIGNONS OFFICER OF	DIRECTOR		Date	Daytime Phone #		