FILED

Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90127 015 ***150.00

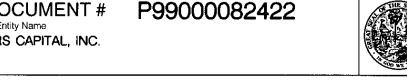
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

City & State

MT. DORA FL 32757

Zip





2763 W OLD US HWY 441 2763 W OLD US HWY 441 MT. DORA FL 32757 MT. DORA FL 32757 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

☐ CHECK HERE IF MAKING CHANGES

4.	FEI Number	59-3596804			Applied For
					Not Applicable
5	Certificate of Status Desired		\$8.7	5	Additional

FRIEDLAND, STELLA 4601 N. HWY. 19A

Country

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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8.	The above named entity submits this statement for the purpose of changing its registere	ed office or regis	stered agent, or b	oth, in the State of Florida	. I am familiar with, and acc	ept
	the obligations of registered agent.	01 سد	A .			

11.

Country

Name

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Fee Required

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS

TITLE	PD Delete	TITLE	⊡ Change	☐ Addition
NAME	FINK, MARAT	NAME		
STREET ADDRESS	FINK, MARAT 4601 N. HWY. 10A 2763 W. Old US Hwy 441	STREET ADDRESS	2763 W. Old US Huy 441	1
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	Mt. Dora FL 32757	
TITLE .	CEOD Delete	TITLE	Change	☐ Addition
NAME	FRIEDLAND, ROD 4601 N. HWY. 18A 2763 W. Old US Hwy 441	NAME	2763 W. Old US Hwy 441	Į.
STREET ADDRESS	4601 N. HWY. 19A 2763 W. Ula US 127 111	STREET ADDRESS	2763 W. Old US HWY 441]
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	Mt. Dora FL 32757	
TITLE	TSD □ Delete	TITLE	Change	☐ Addition
NAME	FRIEDLAND, STELLA	NAME	a set the Harrier	
STREET ADDRESS	FRIEDLAND, STELLA 2763 W. Old US Hwy 441	STREET ADDRESS	2763 W. Old US Hwy 441	
CITY-ST-ZIP	MT. DORA FL 32757	CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	☐ Delete	TITLE	' Change	☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	☐ Addition
NAME		NAME		}
STREET ADDRESS		STREET ADDRESS		}
CITY-ST-ZIP		CITY-ST-ZIP		}

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 empo

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition