2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

_UN	003 FOR PROF	IT CORPOR	RATION IT (UBR)	FILED Aug 22, 2003 8:00 am Secretary of State
1. Entity Nan	MENT # P990(PURE CORPORATION	00083208		08-22-2003 90108 023 ***150.00
1160 102ND S	ce of Business STREET I ISLAND FL 33154	Mailing Address 1160 102ND STREET BAY HARBOR ISLAND F	L 33154	
2. Principal F	Place of Business	3. Mailing Address		C LUDALLOGIC UNA CAUTIC LIGUIC DEULY COUTH COTHA BRICC LOCÉAR LUNCA EXPLI BRUCH SPUL 1891.
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State		4. FEI Number Applied For Not Applicable
Zip ÷ s∴>≤ ≃	Country	Zip	Country	5. Certificate of Status Desired 5. See Required Fee Required
	6. Name and Address of Current	l Registered Agent		7. Name and Address of New Registered Agent
RAMOS, F	Frank		Name	(DO Davidiantes in Net Assessable)
-	ND STREET		Street Addre	ss (P.O. Box Number is Not Acceptable)
BAY HAR	BOR ISLAND FL 33154		City	Zip Code
	tions of registered agent.		s registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMOS, FRANK 1160 102ND STREET BAY HARBOR ISLAND FL 33154	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP-	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report poration or the receiver of trustee emp or on an attachment with address,	n this filing does not qualify fo s true and accurate and that owered to execute this repor- with all other like empowered	or the exemption stated in my signature shall have to t as required by Chapter (n Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if