## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 24, 2002 8:00 am Secretary of State

1. Entity Nat		000935		7	02-24-2002 9000	4 040 ***158.75
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2. Principal	Place of Business leron By Borlerand	3. Mailing Address	Ban Barles	السه		
Suite, Apt	#, etc. 303	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE
Gity & Sta	Springs, FL	City & State	s, FL	4. FEI Numbe	63798	Applied For Not Applicable
3307	Country	Zip 33076	Country CSA		of Status Desired	\$8.75 Additional Fee Required
				. 7. Name and A	idress of Current Register	
and a section of			Name MARS	TA CALLES	TAS CLOTRE	VEST, INC
* *	DO NOT W	RITE		iress (P.O. Box Numbe		
	IN THIS SPA	ACE			, , ,	
			266	-5 5. Bay	share Drive,	Su, Fe 800
			City 77	am'	F	L Zip Code 33/33
8. The above	e named entity submits this statement for t	the purpose of changing its r	egistered office or re	egistered agent, or bott	, in the State of Florida.	
			•			1
SIGNATURE						
	Signature, typed or printed name of registered agent are	d title if applicable, (NOTE:	Registered Agent signature r	required when reinstating)	DATE	
A 71/2	Signature, typed or printed name of registered agent and	= F-12	Registered Agent signature r	······································	DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - Ma	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25	10. Elec	tion Campaign Financing	\$5.00 May Be Added to Fees
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

954-752-1514

Daytime Phone ≠