## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 27, 2002 8:00 am Secretary of State

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	DO NOT WRITE	IN THIS SE	'ACE			
No.		F To the state of				
2. Principal F	Place of Business WESTGATE De #1914	3. Mailing Address P.O. Box 6/7	7260		•	
Suite, Apt.		Suite, Apt. #, etc.	<b>3</b>	DO NOT WRIT	E IN THIS SPAC	E
C:- 0 C:-		0.40	***************************************			Landor For
City & Stat		City & State  OKLANDO,	EL	4. FEI Number 65-097424	9	Applied For Not Applicable
		Zip	Country	5. Certificate of Status Desired		75 Additional
Zip - 320	3-S 6-5A	-3286-1-	- U-SA	<u> </u>		Required
7. Name and Address of Current Registered Agent						
DO NOT WRITE  Name THOMAS J. HUMANEK  Street Address (P.Q. Box Number is Not Acceptable)						
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IN THIS SPACE						
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8 The above	tramed entity submits this statement for	the purpose of changing its			·	30770
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; of both, in the State of Florida:						
SIGNATURE THOMAS J. HUMANER TOLOMOS & XLEMENCE 2/8/02						
Signature, reped or printed name of registered agreet and tallo it applicable. (NOTE: Registered Agreet signature require when reliastating). DATE						
9. This corporation is eligible to satisfy its intengible  After May 1 Fee is \$150,00  10. Election Campaign Financing \$5.00 May Be						\$5.00 May Be
Tax filing requirement and elects to do so. (See criteria on back)  Amended UBR is \$61:25  Make Check Payable to Department of State				Trüst Fund Contribution		Added to Fees
11.	OFFICERS AND D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	le to Department of Si	ate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STREET ADDRESS	AND A CONTRACTOR CONTRACTOR	e como com como como como como de de la como como como como como como como com	STREET ADDRESS*			
13. Thereby	L certify that the information supplied with t	this filing does not qualify for	the exemption stated in :	Section 119.07(3)(i), Florida Statutes	further certify th	nat 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 path; that I am an officer or director of the comporation 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.						