2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S69812 **DOCUMENT #**

1. Entity Name



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90102 019 ***150.00

DOLIBER	SKEFFIN	IGTON, INC.						·						
Principal Place 8324 REDNOCK MIAMI LAKES F	K <u>L</u> N	3	. 83	ailing Address 124 REDNOCK LN IAMI L'AKES FL 33016	er same er er en er er	* ,35*		127 2 6m. 2 127 2 6m.	erw , te	1 to 14 to 2005,000 to 0.1 to 000	e di servicione e di servicione e di servicione	Topics Landings Topics	15851 0 4811 1881	
2. Principal Pla		ess Hh Cour		Mailing Address ム34 N・E		COUR	7							
Suite, Apt. #, etc.				Suite, Apt. #, etc. FT, LAVOBE DAVE				CHECK HERE IF MAKING CHANGES						
City & State	AUDE	RDALE		City & State	- UPIL	<i>N</i> =		4. FEI	Number 04-2	2763870		_ 	pplied For ot Applicable]
Zip 33330	04	Country (AS:A		^{Zip} 33304	Coun	try - S A∙			tificate of Status			\$8.75 Ad Fee Require		
	6. Name	and Address of C	urrent Regis	tered Agent		Name			ne and Addres		gistered	Agent		$\frac{1}{2}$
DOLIBER,	RRANI FY	l .s				Dou			3124DUE					-
8324 REDN		Street Ad	dress (F	P.O. Box	Number is Not	Acceptable)		,						
MIAMI LAK)16				·	•							
<u>;</u>		<u> </u>			•••	97	UAU	MER	DAVE		FL	- //	304	
8. The above	named entit on of regis	y submits this state	ment for the p	ourpose of changing its	s register	ed office or	registere	red agent	, or both, in the	State of Flor	rida. I am	familiar with,	, and accept	
			> -	Poramen	4.7	DOWE	M			01	- 31.0	23		
SIGNATURE _	Sphature, type	or printed came of registe	ed agent and title			ed Agent signatu	e required	d when reinsta	ating)		DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State														
\$10.0 Y 10.500	_	**************************************	S AND DIREC				شفرات عهرة	ADDI	TIONS/CHANG	ES TO OFFI	CERS AN	DIRECTOR	RS IN 11 Addition	- 2
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12. I hereby of indicated of the cor changed,	certify that the on this repo poration or f , or on an at	ne information support of supplemental the receiver or trust tacking it with an action of the supplemental trust trust the supplemental trust	ired with this f report is true ed empowere ldress, with a	iling does not qualify for and accurate and that d to execute this repor Il other like empowered	or the exe my signa rt as requ d.	ature shall halired by Cha	eu in Se ave the pter 607	same leg 7, Florída	al effect as if m Statutes; and t	nade under d hat my name	path; that I e appears	am an office in Block 10 o	er or director or Block 11 if	

SIGNATURE: