2002 Uniform Business Report (UBR)

FILED Apr 11, 2002 8:00 am Secretary of State

1. Entity Nam	MENT # \$7731 CORPORATION	2			03-14-2002 90018			
Principal Place of Business 1440 KENNEDY CAUSEWAY SUITE #407 NORTH BAY VILLAGE FL 33141 US		Mailing Address 1440 KENNEDY CAUSEWAY SUITE #407 NORTH BAY VILLAGE FL 33141 US						
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.1	FEI Number 65-0303179	}	oplied For ot Applicable	
Zip Country		Zip Country		5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7.,1	Name and Address of New Registers	<u></u>		
MATTAR NETO, JOAO A 1440 KENNEDY CAUSEWAY SUITE #407		- Name - Street A	me eet Address (P.O. Box Number is Not Acceptable)					
2 NORTH BAY VILLAGE FL 33141		City			F	Zip Cod	e	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 2002			! FEE IS \$150. 2 Fee will be \$	TEE IS \$150.00 Fee will be \$550.00 O Department of State Trust Fund Contribution.				
11,	OFFICERS AND O	IRECTORS	12.	AD	I DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	SIN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PSD MATTAR NETO, JOAO A. 1440/RENNEDY CSWY #407 N. BAY VILLAGE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NATTAI 1440 I NORTH	PSD Addition MATTAR_NETO, JOAO A. 1440 KENNEDY CSWY. #407 NORTH BAY VILLAGE, FL 33141			
NAME STREET ADDRESS CITY-ST-ZIP	NORTHBAY VILLAGE FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1455 N	ATTAR, CYNTIA 455 N. TREASURE DRIVE #2-L FORTH BAY VILLAGE, FL 33141			
TITLE NAME "STREET ADDRESS"		Delete ~	NAME STREET ADDRESS		· ·	Change	Addition	
CITY-ST-ZIP -	*= .	. s. ~	CITY-S1-ZIP	-	· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE MAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	[] Addition	
indicated of the corp	ertify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower on an attachment with an address, with	ue and accurate and that my ered to execute this report a	/ signature shall h:	ave the same is	egal effect as if made under oath: that	l am an officer o	or director 1	