FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # 5 78052					†ILED		
1. Entity Name Northside Manor Inc.				D2 I	D2 APR 15 PM 12: 44		
6.				SE	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THE SPACE				TALLAHASSEE, FLORIUA			
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3344 Helms Here 3344 Helms A			Ave				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
			CA	<b>4.</b> F	El Number 65-0307445	Applied For Not Applicable	
<sup>Zip</sup> <b>Ç</b> 0∂3	2 Country USA	Zip C C 90232	USA		Fee Fee	2.75 Additional Required	
Na Na				7. Name and Address of Current Registered Agent  3. Seff Feinberg 250			
DO NOT-WRITE				Street Address (P.O. Box, Number is Not Acceptable)			
IN THIS SPACE			- 100 - 20 mg.	TOOD HONG WADA BIME SUBJECT STATES			
				City Hollywood, FL Zip Code 3302/			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  I DATE							
9. This corporation is aliaible to satisfy its Intancible. January 1 - May 1 Fee is \$150.					· · ·		
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Fee Amended UBF Make Check Payable to			3R is \$61.25	Cana	<b>10.</b> Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I		Department of	State.			
TITLE NAME	President Carlos Valvende		TITLE NAME		1000053384	11	
STREET ADDRESS CITY-ST-ZIP				100053384110   5 -04/25/0201004011 ****150.00 ****150.00			
TITLE	Vice President				*****I3U.UU ***	***130.00   a	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	Culven City, CA 90032 CIP						
TITLE NAME	Riemolo A. Universite NA						
STREET ADDRESS CITY-ST-ZIP	# 1 To 1 T			DO NOT WRITE			
TITLE	Secnelony	TITLE		IN THIS SPACE			
NAME STREET ADDRESS	Carolos R. Vatvencle 3346 Shenbourne Neve		NAME STREET ADDRESS			-	
CITY-ST-ZIP	Bastven City, CA 90	232	CITY-ST-ZIP				
TITLE NAME	•		TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE				
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	pertify that the information cumplied with	L	CITY-ST-ZIP	in Section 1	19.07(3)(i) Florida Statutas I further certifica	that the information	
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: Wave Vuluele Richard Valuende 4/2/02 (310) 559-0252  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Opening Phone #							



March 18, 2002

NORTHSIDE MANOR, INC. 3344 HELMS AVE CULVER CITY, CA 90232 US

SUBJECT: NORTHSIDE MANOR, INC.

Ref. Number: S78052

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

I have enclosed a blank uniform business report for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan Document Specialist

Letter Number: 502A00016109