FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84214

Electronic Filing & More, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

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2. Principal Place of Bus	llaunne	3. Mailing Address F. 103 St.			33				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City &-State	- FL	MiAMi shons - FL			4. FEI Number	029357	9	Applied For Not Applicab	le
^{zig} 33[3]	Country S. A.	33138	33138 Country S. A.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	Nar	7. Name and Address of Current Registered Agent Name 1							
	RITE	Stre	Street Address (P.O. Box Number is Not Acceptable)						
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					BrickU	AVENUE			
			City	177.1	3 Mi		• - (Zip Code 3 [3]	
The above named ent the obligations of regis	tity submits this statement for stered agent.	the purpose of changing it	s registered offic	e or register	red agent, or both, in th	ne State of Florida. I	am famili	iar with, and accept	
·*)					
	ed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent s	signature required	d when reinstating)	Ó	ATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					l l	Campaign Financing d Contribution.	, 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	R.P. G. B. M. Green St. Levins				incontration of	Address Town	A District Contract	
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	ne information supplied with t	this filing does not qualify to	经验证的一个证明的证明的	stated in So	ection 119 07(3)(i). Flori	da Statutos I furtho	r cortify #	ast the information	4

2. I nereby certify that the information supplied with this filling 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 10 or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (305)759-280