2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2001 8:00 am Secretary of State

1. Entity Na	JMENT # V41080 STA HOUSE INTERNATIONAL	1993, INC.	1	-			Secret 05-23-2001	ary	y of	f Sta	te
Principal Pla	ace of Business	Mailing Address		 -							
4 VIA PARIGI SUITE 105 PALM BCH. FL 33480 US		4 VIA PARIGI PALM BCH. FL 33480 US									
2. Principal	Place of Business	3. Mailing Address					CREATED THE AREA			UDIR ORDEL FADL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4	4. FEI Number 59-3135412 Applied For Not Applied by						
Zip Country		Zip	try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			dditional	e		
	6. Name and Address of Current	Registered Agent	-	Name	7.	Name and Address	s of New Registe				7
	SYSTEM INC.	!	Street Ad	idress (P.O.	Box Number is Not	Acceptable)				4	
SUN	1 Hays Street Te 105 Lahassee Fl 32301										-
IALL	LATIMOSCE FL 32301			City	City FL Zip Cod				de	7	
Tax filing (oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!!! After MAY 1, 200 Make Check Payable	FEE I	S \$150.00 wiil be \$55	0.00	10. Election Ca	mpaign Financing Contribution.	ATE	\$5.0 Adde	00 May Be	
11.	OFFICERS AND D		12.		A	DDITIONS/CHANG	S TO OFFICERS				1
TITLE Name Street Address City-St-Zip	D SOBEL, HARVEY 240 WEST INDIES DRIVE PALM BEACH FL 33480	☐ Celete	NAME STREE CITY-	T ADDRESS					Change	☐ Addition	CR2E034 (10/00)
TITLE Name Street address City-St-Zip		□ Delete	NAME STREET	T ADDRESS	<u> </u>				Change	☐ Addition	CR
title Name Street address City-5t-21p	. Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition	
ITLE NAME TREET ADORESS HTY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP					Change	Addition	1
ITLE NAME TREET ADDRESS HTY-ST-ZIP		☐ Delete	TITUE NAME STREET CITY-S	ADDRESS 1-ZIP			- ~		Change	Addition	
INE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE - NAME - STREET - CITY-ST	ADDRESS - ZIP	_ =		~		Change	Addition	21
of the corp	ertify that the information supplied with the on this report or supplemental report is trooration or the receiver or trustee empower on an attachment with an address, with the control of	be and accurate and intal my s pred to execute this report as a all other like empowered.	gnatur guired	e shall have by Chapte					n officer ck 11 or		