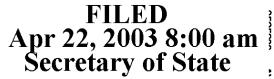
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000117261 **DOCUMENT #** 1. Entity Name **BAINELOWER CORP**



04-22-2003 90075 041 ***150.00

	TIEN OON												
Principal Place of Business 717 EAST OAK ST. KISSIMMEE FL 34744			717	Mailing Address 717 EAST OAK ST. KISSIMMEE FL 34744									
2. Principal Place of Business				3. Mailing Address				4 8 4 10 1 1 1 1 1 1 1 1 1	OOMA BANKI OOMA HANAK			III BE JURI (BRI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 58-7	2589665		Applied For Not Applicable		
Zip Country		Zip	Zip		Country					.75 Additional			
	6. Name a	nd Address of Curren	t Registere	ed Agent				7., Name and Address	s of New Register				1
						Name		,					1
SWART, HARRY J CPA 717 EAST OAK ST.							ddress (P.O. Box Number is Not Acceptable)						
KISSIMMEE FL 34744													1
MOOMME													-
						City			F		p Code	!	
		submits this statement	for the purp	ose of changing its	registere	ed office or r	egistered	agent, or both, in the	State of Florida. 1	am familia	with, a	and accept	1
the obligat	tions of register	ed agent.											
SIGNATURE .	1												
		printed flame of registered ager	nt and title if app	olicable. (NOTE	: Registere	d Agent signature	e required wh	en reinstating)	DA	TE			1
	1	FEE IS \$150.00						9. Election Ca	mpaign Financing		\$5.00) Мау Ве	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				Trust Fund Contribution.					
10.	•	OFFICERS AND		L IRS	11.				S TO OFFICERS	AND DIRE	CTORS	: IN 11	}
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12. 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 are ustee empowered to execute his report as required by Chapter 60 X Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

TITLE

NAME

NAME

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STREET ADDRESS

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