2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 383427	•				Secreta 02-20-2002	ry of	Sta	ate
Principal Place of Business Mailing Address 3789 N.W. 25TH STREET 3789 N.W. 25TH STREET MIAMI FL 33142 MIAMI FL 33142									
		3. Mailing Address				\$ 1004 BU 11101 30400 16111 B:010 140		141 VIBII V	1811 BIRSI 1985
3545 NW 33RD ST Suite, Apt. #, etc.		3545 NW 33RD ST Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number 59-1351547		-	plied For t Applicable
MIAMI Zip	, FLORIDA Country	MIAMI, FLORIDA Zip Country			5 (Dertificate of Status Desired		75 Add	litional
33142	USA 6Name and Address of Current Re	33142	<u>US</u>			lame and Address of New Re	ree	Required	<u>t</u>
	0Name and Address of Current Ad	graterou Agent	1	Name			3		
PIERSON, GRANNIS C. 131 NW 207TH AV				Street Address (P.O. Box Number is Not Acceptable)					
	KE PINES FL 33029							Zin Code	
				City			FL '	Zip Code	<u> </u>
9. This corpo	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	FEE IS	II be \$550.00		10. Election Campaign Fina Trust Fund Contribution	· —		0 May Be to Fees
11.	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, GRANNIS H 601 WREN AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERSON, GLORIA A 601 WREN AVE MIAMI FL 33166	□ Delete	TITLE NAME STREET A	ADDRESS - ZIP				Change 1	Addition d
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, GRANNIS C 131 NW 207TH AV PEMBROKE PINES FL 33029	□ Delete	NAME STREET A	ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERSON, ERIC A 9300 SW 82ND ST MIAMI FL 33173	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, LAURIE A. 116 CANTERBURY DR MADISON AL 35758	☐ Delete	TITLE NAME STREET A	ADDRESS ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETIZIA, KARIN, M 3565 SW 173 WAY MIRAMAR FL 33029	☐ Delete	CITY-ST					Change	Addition
indicated of the co	certify that the information supplied with the lon this report or supplemental report is troporation or the receiver or trustee empow, or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	r sionatur	e shall have the	e same :	legal effect as it mage unger g	atn: that I am a	n officer	or airector 1

SIGNATURE: DISCONTINUAL OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date (305)635-3218 Daytime Phone #