2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

525079 **DOCUMENT #**

Entity Name
 M OF FLORIDA INC.



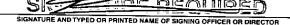
FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90487 024 ***150.00

| L & W OF TECHIDA, 1140. | | | | | | | | |
|--|--|------------------------------|--|------------------|---|--------------|-----------------|------------------------|
| COUTLI DALLE DEACH EL COURS | | | iress Ulevard 3601 apt. 401 M Beach FL 33480 | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | TION DILLI BIDI | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HEF | RE IF MAKIN | IG CHANGE | s |
| City & State | | City & State | | | 4. FEI Number 59-1720052 Applied For Not Applicable | | | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | | \$8.75 Ad | dditional |
| | 6. Name and Address of Current R | egistered Agent | | | 7. Name and Address of New | Registered | * | |
| MORELLI | , RINALDO | | Name | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | |
| | OCEAN BLVD. | Street Address | | Address (P | O. Box Number is Not Acceptat | ole) | | |
| #401 | .; | | | | | | | - |
| - 4 | PALM BEACH FL 33480 | | City | - | - | FI | Zip Co | |
| The above the obliga | e named entity submits this statement for titions of registered agent. | the purpose of changing its | registered office | or registere | d agent, or both, in the State of f | lorida. I an | ı familiar with | , and accept |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE | : Registered Agent signs | ature required w | when reinstating) | DATE | | |
| - Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S | State | | | 9. Election Campaign F Trust Fund Contribut | | | 00 May Be d to Fees |
| 10. | OFFICERS AND D | RECTORS | 11. | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MORELLI, RIVALDO 3601 S. OCEAN BLVD., #401 SOUTH PALM BEACH FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - Delete | NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ertify that the information supplied with this | ☐ Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | Change | ☐ Addition |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #