## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # <b>54989</b>	8				Feb 11, 20 Secretary	of Sta	ate	
•	ce of Business UNVIERSITY DRIVE . 33321	Mailing Address 7421 NORTH UNVIERSITY DRIVE TAMARAC FL 33321				1 7 <b>84</b> (4) 4000 2000 2000 1000 1000	1(4) DIĞİ 1425 BIRII	OTOLO BUBAL FROM	
2. Principal F	Place of Business	3. Mailing Address	ling Address		_				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State		<b>4.</b> F	El Number 59-1774450		oplied For		
Zip Country		Zip	Country		5. (	Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	I		7. N	lame and Address of New Registe			
	The same of the sa			Name		may amender a may a comme			
Streisand, Warren J. 7421 North University Drive Tamarac Fl 33321				Street Address	s (P.O. B	ox Number is Not Acceptable)			
77 117 11 17 14 14 14	7 1 33321			City			FL Zip Cod	ie	
Tax filing	Signature, typed or printed name of registered agent a cration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	!!! FEE 002 Fee 1	wiii be \$550.00	)	10. Election Campaign Financing Trust Fund Contribution.		00 May Be	
11.	OFFICERS AND I		12,			L DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STREISAND, WARREN J. 7421 N. UNIVERSITY DR TAMARAC FL	☐ Delete	TITLE NAME STREE	l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV STREISAND, ISABEL 7421 N. UNIVERSITY DR TAMARAC FL	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1		<u>-</u>		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		€ Delete				10	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, where the supplemental report is possible.	true and accurate and that i wered to execute this report ith all other like empowered	ny signati as requir	ure shall have th ed by Chapter 6	ie same k 607, Florid	egal effect as if made under oath: th	nat I am an officer ears in Block 11 or	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #