2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # 62658 me es & co.	1				Secretal 02-21-2002 90	ry of	Sta	ate
Principal Place of Business Mailing Address 3220 EQUESTRIAN DR BOCA RATON FL 33434 BOCA RATON FL 33434									
						(
2. Principal Place of Business 3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59-1914971 Applied For				
Zip Country		Zip Cour		ntry		Certificate of Status Desired	\$8.	<u> </u>	ot Applicable ditional
	6. Name and Address of Current R	printered & root					└ Fee	Require	
	6. Name and Address of Current R			Name	7, N	ame and Address of New Regi	stered Agen	ıt _	
DANGELES, GEORGE 3220 EQUESTRIAN DR				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	ATON FL 33434		-	City			FL	Zip Cod	<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After May 1, 2002				vill be \$550.00		10. Election Campaign Financ Trust Fund Contribution.	DATE		0 May Be
	ria on back)	Make Check Payabl		partment of St	ate	Trust i and Contribution.		Audeo	io rees
11. TITLE	OFFICERS AND DI		12.		ADD	DITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP	DANGELES, GEORGE 3220 EQUESTRIAN DR BOCA RATON FL	☐ Delete	NAME STREE CITY-	T ADDRESS St-zip			Ш'	Change	☐ Addition
title Name Street address City-St-Zip .		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	r address St-zip				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS				Change	☐ Addition
of the corp	pertify that the information supplied with the on this report or supplemental report is trustoration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	CITY-S	T-ZIP ption stated in Serve the	como lo	aal offaat on if mada wadar aath.	سمشمم الممطاف	-11:	!

SIGNATURE:

15/02 561.483.9001