**2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **FILED**

## Jul 30, 2003 8:00 am Secretary of State

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1. Entity Nar		# 707310 E BUSINESS AND		SSIONAL WOM	EN'			  - 	07-14-200	3 90334 (	021 ***	*61.25	
Principal Place of Business C/O APHRODITE P. SKIFF FT LAUDERDALE FL 33306-1623 US			#1063	Mailing Address #1063 CAMBRIDGE "D" DEERFIELD BEACH FL 33442-3251 US				55052783					
2. Principal Place of Business				3. Mailing Address CO ANTONIA HYLAND									
Suite, Apt. #, etc.			S	Suite Apr. #, etc. 427 DEER CREEK RUN				CHECK HERE IF MAKING CHANGES					
City & State				DEERFIELD BEA			ACH, FL		4. FE) Number 59-1965647			oplied For of Applicable	,
Zip		Country		3442	8 Z	SA		5. Certificate of	Status Desired		8.75 Ad		7
	6. Name	and Address of Current	Register	ed Agent			- 1	7. Name and A	ddress of New F	legistered A	gent **		7
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	vphrodite i Cambridge '							P.O. Box Number i			<del></del> .	<del></del>	7
		FL 33442-3251											7
κ,						City J.	EER	FREID BEA	ICH 3	FL	Zip Cod	e (f. 2,	1
8. The above	e named entity	submits this statement for	or the pur	pose of changing its	registere	ed office of	r register	ed agent, or both,		rida. I am fa			1
the obliga	ations of registe	ered agent.						,		<i>,</i>			
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SIGNATURE			AND and title if so	DIRECTION CHOTE	A TULA	d Agent signal	Turn required	when reinstating)		/ <u>/////</u> DATE	<u>2 వ_</u>	<del></del>	
	Signature, typed	or printed name of registered agent	AND and title if ep	<del></del>			Tury required	when reinstating)		DATE	<u>7                                    </u>	<del></del>	
	FILE NOW	or printed name of registered agent		9. Election Carr Trust Fund C	paign Fi	inancing	tury recuired	\$5.00 May Be		ke Check			
After Sep	FILE NOW	or privated nume of registered agorates : FEE IS \$61.25 2003, min will be \$2	236.25	9. Election Carr Trust Fund C	npaign Fi	inancing							
After Sep	Signature, typed FILE NOW tember 10,	or printed name of registered agent	236.25	9. Election Carr Trust Fund C	npaign Fi ontribution	inancing on.	0	\$5.00 May Be	Floric	ke Check la Departn	CTORS IN	itate 10	
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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 outh; that I am an officer or director of the corporation or the receiver or trustee empowered to expect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with events if ke empowered.

SIGNATURE:

CHONDINE FULL STAND D
SIGNATURE AND TYPED OR PRINTED MAKE OF SIMING OFFICER OR DIRECTOR

19/03 Date/