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

DOCUMENT # 710741

1. Entity Name



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90140 017 ****61.25

CONTINE				02-27-2003	90140 017	01	1.23			
Principal Plate 420 \$ DIXIE CORAL GABL		Mailing Address 420 S DIXIE HIGHWAY CORAL GABLES FL 33146	· · · · · · · · · · · · · · · · · · ·							
2. Principal I	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE I	F MAKING CH	ANGES		
City & State		City & State			4. FEI Number 5	9-1235458			oplied For]
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		75 Add		1
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New Ro				ł
·			Name							1
ANTONELLI, MARK, R 420 S DIXIE HIGHWAY		Street A	Address (F	P.O. Box Number is	Not Acceptable)	·	· · · · ·			
THIRD F							e			
	GABLES FL 33196		City				r _L	Zip Cod		
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registere	ed agent, or both, in	the State of Flor	ida. I am famil	iar with,	and accept	
SIGNATURE										1
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required v	when reinstating)		DATE		****	
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Cor					\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
	FILE NOW: FEE IS \$61.25	· · · · · · · · · · · · · · · · · · ·	•							
10.	OFFICERS AND DIR	Trust Fund Co	•	A		Florid	a Departme	nt of S	State	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR PD JARP, GEORGE 420 S. DIXIE HWY, 4TH FLOOR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	PD Ben	Added to Fees DDITIONS/CHANG	Florid ES TO OFFICER N. ESCO EHWY	a Departme RS AND DIRECT , Grail PI	nt of S	State	037 (10/02)
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indicated on this report or supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered by execute 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 accurate my limit all other like empowered.

SIGNATURE:

a15103

305-667-0223