FILED Feb 14, 2003 8:00 am Secretary of State

1/13

2003 NOT-FOR PROFIT CORPORA	ation
UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	ne	# 715371 Association, inc	.					01-13-2003	90464 031 1	****61.25
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. FEI Number 59-1310055 Applied For Not Applicable			
Zip		Country	Zip	,	Cou	intry,	5. Certificate of 5	Status Desired 🔭 🔲	\$8.75 A Fee Requi	
	6. Name	and Address of Curren	t Registered	Agent			7. Name and Ad	dress of New Registe		
						Name				
	& POLIAKO					Street Address	(P.O. Box Number is	Not Acceptable)	 	
500 AUS 9TH FLO	TRALIAN A'	VE SOUTH			į					
	ALM BEACH	1 FL 33401	•			City			E1 Zip Co	7/a
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	named entit tions of regis	y submits this statement f tered agent.	for the purpo	ose of changing its	registere	ed office or registe	red agent, or both, it	n the State of Florida.	I am familiar with	h, and accept
										,
SIGNATURE .	Signature, lyped	or printed name of registered agen	and title if applic	cable. (NOTE	· Donistava	d Agent signature require	d when mintalina)		DATE	
					registered		C W Roll for Ecalety)			
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•	FILE NOW	7: FEE IS \$61.25	·	9. Election Can	npaign F	inancing on.	\$5.00 May Be Added to Fees	Make C	heck Payable epartment of	State
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 receiver or trustee empowered to 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 address, with all other like empowered.

| SIGNATURE: | SIGNATURE OF PRINTED MAINS OFFICER OF DIRECTOR | Date | Daytime Phone #

SIGNATURE: