FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 27, 2002 8:00 am DOCUMENT # 716257 1. Entity Name **Secretary of State** 1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEV 02-27-2002 90044 034 ****70.00 AUX, GRANDE VOITURE OF FLORIDA Principal Place of Business Mailing Address HUIT CHEVAUX GRAND VOITURE OF FLORIDA 1540 H 71 AVE 316 S W 25TH STREET HOLLYWOOD FL 33024 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6151483 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6...Name and Address of Current Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) ARCHER, SAM 1540 N 71 AVE HOLLYWOOD FL 33024 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 6 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Addition PETERSON, WILLIAM NAME NAME ADAMS, J/M OMPANO BEACH FL 3 STREET ADDRESS 1561 N.E. 43RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE SCHIGHTL, HERBERT A NAME NAME STREET ADDRESS 1600 N 71 AVE STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ■ Addition ARCHER, SAM NAME NAME STREET ADDRESS STREET ADDRESS 1540 N. 71ST AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TD TITLE ☐ Delete TITLE Change Addition DOCYK, EDWARD NAME NAME STREET ADDRESS 2134 NOVA VILLAGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33317 *Addition TITLE Delete TITLE ESTNER, Robert 198 FARNHAN! adams, jim NAME NAME STREET ADDRESS STREET ADORESS 751 CYPRESS LN APT B CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33064-5073 DEEFIELD. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 oath; that I am an officer or director of the corporation or 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.