## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

DOCU 1. Entity Nar	MENT#  Marina del Mar,	7290	05-13-2002 90154 022 ****61.25					
	DO NOT WRITE	IN THIS SI	PAC	E				
'	Place of Business	3. Mailing Address			1			
1500-1510 SE 15th Street Suite, Apt. #, etc.		1220 Miami Road Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
		Suite #6	·		DO NOT WRITE IN THIS SPACE			
City & Sta	derdale FL 33316	City & State  Ft. Lauderdale FL 33314		п. 33316	4. FEI Number Applied For S9-1593404 Not Applied For			
- Zip <b>33</b>	Country USA	- Zip		USA	5. Certificate of Sta	atus Desired \$8	Not Applicable  3.75 Additional  Required	
						ss of Current Registered A	jent	
IN THIS SDACE					tinental In	inental Investment Properties, Inc.		
					(P.O. Box Number is Not Acceptable)  ami Road - Suite #6			
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered	office or registe	red agent, or both, in t		33310	
SIGNATURE	Signature, typed or printed name of registered agent	gradula if applicable /h/YTE	- Danislavad I	land of the land	4 No. 1 2 2 1			
	organical speed as princed mane or registered agent	ио пе паррисане. (поте	. Registered /	lgent signature required	d when reinstating)	DATE		
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co					\$5.00 May Be Added to Fees	Make Check P Department o	- 1	
10.	OFFICERS AND DIF	RECTORS	1_					
TITLE NAME	D D						3	
STREET ADDRESS			NAME STREET	ADDRESS				
CITY+ST-ZIP	Ft Lauderdale FI	33316	CITY-S	[- <u>Z</u> ]P			955037	
TITLE NAME	D 1 11-		TITLE NAME				1	
STREET ADDRESS	Lane, Janella 1510 SE 15th Street			ADDRESS			٥	
CITY-ST-ZIP	Ft Lauderdale FL 33316			- ZIP				
TITLE	D					· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS	LaMarre, Suzanne 1500 SE 15th Stre	o.t	NAME	ADDOCCC				
CITY-ST-ZIP			CITY ST	ADDRESS - ZIP	DO NOT WRITE			
TITLE	D		TITLE					
NAME	Zmurchak, Al				IN I	HIS SPACE	=	
STREET ADDRESS CITY+ST-ZIP	1500 SE 15th Street Ft Lauderdale FL 33316			ADDRESS				
TITLE	To haudeldate PL	77710	CITY-ST	- LIP				
NAME			title Name					
STREET ADDRESS			STREET	ADDRESS				
C/TY+ST-ZIP	***************************************		CITY-S1	- ZIP		******		
TITLE NAME			TITLE	1			}	
STREET ADDRESS			NAME STREET	ADDRESS			-	
CMY-ST-ZIP			CITY-ST	1				
of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor nt with an address, with all other like em	wered to execute this report	he exemp y signature as require	tion stated in Sec shall have the s ed by Chapter 67	ction 119.07(3)(i), Flori same legal effect as if i 17, Florida Statutes; ar	ida Statutes. I further certify the made under oath; that I am a nd that my name appears in	nat the information n officer or director Block 10 or on an	

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

954-462-0880

Date

Daytime Phone /