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

**DOCUMENT #** 748044

## FILED May 07, 2004 8:00 am Secretary of State 05-07-2004 90123 037 \*\*\*\*61.25

1. Entity Narr	ne .					5 07 200 1 50125 057	01.23
Vill	las of Plantation	Homeowners A					
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Programme and the	DO NOT WRITE	IN THIS SP	PACE			2407	2961
			নে বিজ্ঞান বিশ্ব			1014	6004
2. Principal Place of Business		3. Mailing Address					
A & M PARTNERS, INC.		A & M PARTNERS, INC.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
347	5 N Hiatus Road	3475 N Hiat	tus R	Road			
City & State		City & State			4. FEI Number		Applied For
Sunrise FL		Sunrise FL			59-21	99134	Not Applicable
Zip Country USA USA		Zip Country 3 3 3 3 5 1 US A		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	**************************************	33351	U &		7 Name and Addr	ess of Current Registered	
regard to Mg.,				Name			
	DO NOT W	DITE			A & M PA		
	DO NOT W			Street Address (	P.O. Box Number is	Not Acceptable)	•
	IN THIS SP	ACE			2475 Non	th Hiatus Ro	\ 7.d
An to Santaki			,	City	34/3 NOI		
fice the				City	Sunrise	FL	Zip Code 33351
8. The above	named entity submits this statement for	the purpose of changing its r	egistered	office or register	red agent, or both, ir	the state of Florida.	
	<u></u>						
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SIGNATURE.	Signature, typed or printed name of registered agent a	and tide if applicable. (NOTE:	Registered Ag	jent signature required	s wnen reinstating)	OATE	
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	FEE IS \$61:25 ****	9. Election Camp	naion Fina	uncina	\$5.00n.	Make Check	Pavable to
Initial or Amended UBR				~	\$5.00 May Be Added to Fees	Departmen	
						4.42.04.06.05.00	
10.	OFFICERS AND DIF		12:12:11			<b>中国的</b> 自己的特别的	SECTION SECTION
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			952 CT 1950 45 1951 H	161 dija Propestio	ing the transfer of the second	See Jan 1997 Care Care Care Care Care Care Care Care	
NAME SEC	Barbara Mandell		NAME	机制料数		egna (* 1	
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STREET ADDRESS	7862 NW 11th Pl	ace	STREET	Parks 114-2622年 15年基本企業計劃等	ം	NOT WRIT	F
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TITLE -D-	Tina Cor		TITLE	THE RELEASED	PARINT	THIS SPAC	E
NAME STREET ADDRESS	7870 NW 11th Drive			NAME: STREET ADDRESS:			
CITY-ST-ZIP	Plantation, FL		CITY ST	OF 2025 NOT BEEN BEEN		in justin	
			TITLE		CESCHERON POR SERVICE		
NAME D Don Greger			NAME	an a	normania Natural	i i i i i i i i i i i i i i i i i i i	trickiet in gestal in Charles of the same
STREET ADDRESS	TREET ADDRESS 1174 North University Drive		STREET	DDRESS .			
CITY: ST-ZIP	SI-ZIP Plantation, FL		Crty-ST	ZIP			
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NAME			NAME.		pristra ni e		
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CITY-ST-ZIP			CITY ST	TANGET IN THE PARTY. AND THE	oraz gara		
indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	ine exemp y signature	tion stated in Se shall have the s	iction 119.07(3)(i), Fl same legal effect as	orida Statutes. I further certif if made under oath; that I an	y triat the information an officer or director

Date

Oaytime Phone #