

FILED
May 27, 2004 8:00 am
Secretary of State

5/:

05-03-2004 90699 001 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F91520			
1. Entity Name Stuart Lipinsky CPA, PA			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 520 NW 165 St Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State Miami, FL		City & State	
Zip 33169	Country	Zip	Country
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2208201	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Stuart Lipinsky CPA	
		Street Address (P.O. Box Number is Not Acceptable) 520 NW 165 St Rd	
		City Miami	FL Zip Code 33169
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$450.00 Amended UBR is \$91.25 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Stuart Lipinsky 520 NW 165 St Rd Miami	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date 4/30/04 Daytime Phone# 305-945-8900	

CR2E034B (12/02)