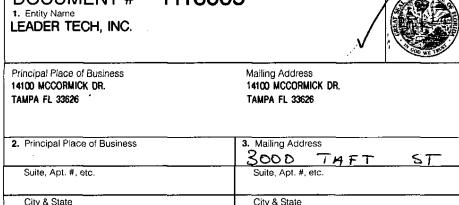
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

H16009 DOCUMENT



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90212 030 ***150.00

					, V		15							
Principal Place of Business 14100 MCCORMICK DR. TAMPA FL 33626			Mailing Address 14100 MCCORMICK DR. TAMPA FL 33626									ALAN BIAN		
2. Principal Place of Business				3. Mailing Address 3000 TAFT ST										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City & State HOLLY WOOR				۷	4. FEI Number 04-2667972				oplied For		
Zip	p Country		Zip 33021		Country US		5. Certificate of Status Desired				\$8,75 Additional Fee Required			
	6. Name	and Address of Current	Registere	ed Agent				7. Na	me and Add	dress of N	ew Regist	ered Aç	jent	
MENDELSON, VICTOR H 3000 TAFT STREET						Name Street Address (P.O. Box Number is Not Acceptable)								
HOLLYWO														
		*				City						FL	Zip Coc	le .
	e named entity tions of registe	submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or	registere	ed agen	t, or both, in	the State	of Florida.	l am fa	miliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	ed Agent signat	ure required	when reins	tating)		-	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										n Campaig und Contrib		ng 🗆		00 May Be
10.		OFFICERS AND	DIRECTO	PRS	11.			ADDI	TIONS/CH/	ANGES TO	OFFICER:	S AND I	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000 TAFT	ON, VICTOR H STREET OD FL 33021		⊠ Delete		-				-			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEGRINI, I 14100 MCI TAMPA FL	CORMICK DRIVE		☐ Delete									☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRWIN, THO 3000 TAFT HOLLYWO			☐ Delete									Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VETTER, JU 3000 TAFT HOLLYWOO			☐ Delete								1	Change	Addition
TITLE ./ NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			AS 257 300 404	EN W	RE, ELI AFT JOOD	2 A B E S T F L	TH R		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			,,,,,,,	<i></i>				[Change	☐ Addition

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 607, 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.

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