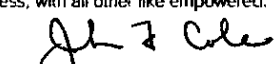


AMENDED
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14977 1. Entity Name				FILED 02 JUN -3 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business PO BOX 9772 Suite, Apt. #, etc.		3. Mailing Address PO BOX 9772 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL			
Zip 33310		Country US		4. FEI Number 59-2651755	
Zip 33310		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name O'BRYN, MICHAEL J	
				Street Address (P.O. Box Number is Not Acceptable) 888 INTRACOASTAL DR 14 D	
				City FT LAUDERDALE FL Zip Code 33304	
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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE					
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SPANGLER, DENNIS 520 NE 20 ST #313 FT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WILKINSON, JAY 1652 POINSETTIA DR FT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COLE, JOHN 1100 NE 18 ST # 3 FT LAUDERDALE, FL 33305		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAVALLARO, RICHARD 1756 N BAYSHORE DR # 14J MIAMI, FL 33132		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: 		JOHN F COLE		5/28/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037B (12/01)