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

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT #109700000 7190 U			Secretary of State 05-14-2002 90276 032 ****61.25			
BOULEVARD HETELATS HE	MA OWANDS ASSOCT	STON FNO	: -			
DO NOT WRIT	E IN THIS SPAC)E				
2. Principal Place of Business 7201 Mc KINLEY ST	3. Mailing Address P.O. RION 84879	3. Mailing Address P.O. BUX 848295				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State HOLLY WOOD, FL	City & State PRM BROKK PTURS		4. FEI Number 65-081	7474	Applied For Not Applicable	
Zip Country 33024 USA	Zip Co	ountry	5. Certificate of Status	Doginad	. 75 Additional Required	
3			7. Name and Address	of Current Registered Ag	ent	
DO NOT V	VRITE		MKS T CUI			
IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)				
,			LLYWOOD		Zip Code 33024	
8. The above named entity submits this statement	for the purpose of changing its registe	red office or regist	lered agent, or both, in the	state of Horida.	· ·	
SIGNATURE	ont and title if applicable /NOTE: Register	red Agent signature requi	red when reinstating)	, · DATE		
aignature, typed or printed traine or registered age	(NOTE Togista	ea rigorit signature requi				
FEE IS \$61.25 Initial or Amended UBR 9. Election Campaig Trust Fund Contril			\$5.00 May Be Added to Fees	Make Check Po Department of		
10. OFFICERS AND I	DIRECTORS	r 2			•	
TITLE PRESTORAT	TIT	LE i				
NAME JAMES T CURC		1 1		•		

7201 ME KINLRY ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP UICE-PRESIDENT TITLE TITLE FRANK LRUNARUI NAME NAME STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP SKC. /TERROSURER TITLE TITLE NAME LIEB ANN WEATHER FORD NAME 6448 BUCHMAN ST. STREET ADDRESS STREET ADDRESS DO-NOT WRITE HOLLYWOOD FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE DIKKETOR SAM ARCHER NAME 1540 N. DIST AUE. STREET ADDRESS STREET ADDRESS HOLLY WOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP | TITLE MIRMOTOR

12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

EN REQUE HERNANDIEZ

HOLLYNDOOD FE 33024

MOLLY WOOD, FL 33024

7 3 40 GRANT ST

ELLEN BOYARSKY

6771 ARTHUR ST.

DIRKETOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIE

PRESTORNT JAMES T. CLIKCI

(954) 600-3197