DOCUI	MENT # P00000 JUNIFORM BUS MENT # P00000 JUNIFORM BUS MENT # P00000		RT (UBR)	FILED Aug 13, 2001 08:00 AM Secretary of State	F .
Principal Plac	e of Business SLAND ROAD STE 318	Mailing Address	318		
PLANTATION 33322	FL	PLANTATION 33322	FL		
2. Principal P	lace of Business	3. Mailing Address 1776 N PINE ISLAND ROAD		-	
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	· _
City & State	FL	City & State	FL	4. FEI Number Applie 65-1044878 Not Applie	ed For oplicable
Zip 33322	Country 6. Name and Address of Current	Zip 33322	Country	5. Certificate of Status Desired S8.75 Addition Fee Required 7. Name and Address of New Registered Agent	nal
AGODA 1001 W CYF FT LAUDEI 33309	ANDREW S PRESS CREEK RD STE 320 RDALE US	T.	YAGODA Street Addres 312 SE 17TH S 2ND FLOOR City	ANDREW S as (P.O. Box Number is Not Acceptable) STREET Zip Code	
Tax filing r	ANDREW S. YAGOD Signature, typed or printed name of registered agent prattion is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	and title if applicable. (NOTE:		10. Election Campaign Financing \$5.00 N	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAGODA MELISSA L 1340 SEABAY ROAD WESTON	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Addition
of the cor changed,	DU LUIS REUDAL DE SUDDIEMENTAL TENSTE IS	owered to execute this report a with all other like empowered.	u cianatilica chall hava th	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or of 607, Florida Statutes; and that my name appears in Block 11 or Block II	I
J. J. 1471	SIGNATURE AND TYPED OR E	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR	Date Daytime Phone #	

Date

Daytime Phone #