## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # PO1000650718

2238 NW. 86TH STREET, INC.

SIGNATURE:

## **FILED** May 24, 2002 8:00 am Secretary of State 05-24-2002 91351 001 \*\*\*150.00

DO NOT WRITE IN THIS SPACE			669542	
2. Principal Place of Business 3. Mailing Address 517 Sω FIRST AVENUE 517 Sω FIRST AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL		4. FEI Number	Applied For Not Applicable
Zip Country 33301 USA	Zip (33301	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		Name GLENN R. MEE  Street Address (P.O. Box Number is Not Acceptable)  S17 SW IST AVENUE  CityFT. LAUDERDALE FL 716 Code 33301		
8. The above named entity submits this statement for SIGNATURE		listered office or register	ed agent, or both, in the State of Florida.	
Signature, typod or printed name of registeroid agora.		gistered Agent signature required	(when reinstating) D/	ATE
9. This corporation is eligible to satisfy its intangible  After May 1, F		1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP FORT LANDERDAL	NUE E, FL 33301	NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		TIFLE NAME STREET ADDRESS CITY-ST-ZIP	- All Mark Market	CR2
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DO NOT WI	RITE
TITAE  NAME  STREET ADDRESS  CITY-ST-ZIP		TIFLE NAME STREET ADDRESS CITY-ST-ZIP	AME IN THIS SPACE  IREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		THILE NAME STREET ADDRESS CHY+ST-ZIP		
NAME STREET ADDRESS CITY-SI-7/P		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with indicated on this report or supplied and report is of the corporation or the receiver or trustee empattachment with an address withfall other like or	this filing does not qualify for the true and accurate and that my s govered to execute this report as fipowered.	e exemption stated in Se signature shall have the s required by Chapter 6	ection 119.07(3)(i), Florida Statutes. I furthe same legal effect as if made under oath; th 07, Florida Statutes; and that my name ap	r certify that the information at I am an officer or director pears in Block 11 or on an

GLENN R. MEE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR