## FILED Jul 14, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		00034447				03 90178 0	of Sta 042 ***150. 009 ***550.	.00
321 S FEDERAL HWY		Mailing Address 321 S FEDERAL HWY DANIA FL 33004	321 S FEDERAL HWY					
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 0472	801	<del></del>	oplied For ot Applicable
Zip	Country	Zip ,	Country		5. Certificate of Status Desire	- 1	\$8.75 Add Fee Require	
<u>√</u> (8)	6. Name and Address of Curren	t Registered Agent			7. Name and Address of No	w Registered	Agent	
FALACIOS, RAUL E II			Name Street A					
202 W FOREST OAK CIR DAVIE FL 33325				100	SW 167 th	Ave		
				city Southwest Ranches FL Zin Code 333331				
the obligat	named entity submits this statement files of registered agent.  Signature, supertor printed name of registered ager  ILE NOW!!! FEE IS \$550.00	Roul	01	درغړ	II Vize - Pr	~sidul	r >/	6/03
After September 10, 2003 Fee will be \$75 Make Check Payable to Florida Department					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	5 IN 11
TITLE NAME ,STREET ADDRESS CITY-ST-ZIP	P PALACIOS, RICHARD R 348 E GARDEN COVE CIR DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PALACIOS, RAUL II 202 W FOREST OAK CIR DAVIE FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	510°	o SW 167th Av thwest Ranches	e > FL 3	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALACIOS, CHRISTINE A 348 E GARDIN COVE CIR DAVIE FL 33325	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	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

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

VI 716/03 (959)

Daytime Phone #

Change

☐ Addition

CR2E034 (4)