## 2003 FOR PROFIT CORPORATION

SIGNATURE:

## FILED Feb 24, 2003 8:00 am Secretary of State

Daytime Phone #

	TOTAL DOCINE	<u> </u>	<u> </u>		ı 02-24	F-2003 9	J234 008 *	`^^150.00	
1. Entity Name	MENT # P0200 investments, INC.								
Principal Place 2295 S. OCEAN PALM BEACH I	u Blvd., apt. 404	Mailing Address 2295 S. OCEAN BLVD., APT. 404 PALM BEACH FL 33480							
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
City & State	)	City & State			4. FEI Number 52-237	2425	_ <del>                                    </del>	plied For t Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	٠		7. Name and Address of New	Registered	Agent		
	4. Hame and Eddiess of Callent		<del></del>	Name	The state of the s		·		
немоч т	HORNTON M				IDO Day Number is Not Assistant				
-	AGLER DR., STE. 1100			Street Address (	P.O. Box Number is Not Acceptab	18)			
	M BEACH FL 33401								
ME21 PAL	M BEACH PL 33401				Zip Code				
,	:			City		F	-   '		
8. The above the obligati	named entity submits this statement to	or the purpose of changing it	s register	ed office or register	red agent, or both, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature required	d when ministating)	DATE	· · · · · · · · · · · · · · · · · · ·		
	. = 10000 FEE IC #450.001		-				25.0		
اجائیات میریشیسد معام	LE-NOW![I-FEE IS-\$150.00 V May 1, 2003 Fee will be \$550.00	ر مار ماتر برا <del>م موسوقاتاتاتات</del>	, ,		9. Election Campaign F Trust Fund Contributi		- \$5.0 □ : Added	<b>0</b> May Be	
, Alter Make Check	Payable to Florida Department of	of State	عند حرم		irust Fund Controcu	·		101000	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
*TITLE	D	☐ Delete	TITL	E			Change	Addition	
NAME	GLORSKY, RONALD P		NAM	iE .				** - ,,	
STREET ADDRESS	2295 S. OCEAN BLVD., APT. 40	4	STR	EET ADDRESS	-				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY	'-ST-ZIP					
TITLE	D	☐ Delete	THTL	E	<del></del>		☐ Change	Addition	
NAME	GLORSKY, MAXINE		NAM	Œ					
STREET ADDRESS	712 WASHINGTON ST. 4A			EET ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10014		CITY	/-ST-ZIP					
TITLE		☐ Delete	<b>T</b> TT.	E			Change	Addition	
NAME			NAN						
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TITLE	0.00	☐ Delete	TITL		The substitution of the second		Change	. [] Addition	
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CITY-ST-ZIP				/-ST-ZIP		<u>.</u>	<u> </u>	<u>- • •                                   </u>	
12. I hereby	certify that the information supplied wit I on this report or supplemental report	th this filing does not qualify	for the exe	emption stated in S	ection 119.07(3)(i), Florida Statutes	. I further o	ertify that the in	ntermation or director	
indicated	on this report or supplemental report	is true and accurate this send	rt as recu	ired by Chapter 60	7, Florida Statutes; and that my na	ne appears	in Block 10 or	Block 11 if	
changed	, or on an attachment with an address	With the other like suppowers	ru.						
CIONAT	UDE. KLANATO	WY EQUI	RED	١.	1.29-03				