2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/6

FILED Mar 19, 2003 8:00 am Secretary of State

03-06-2003 90104 029 ***150.00

1. Entity Name	MENT# P0200 PLDINGS INC.	00127294			,	03-06-20	03 90102	1029 ***	*130.00	
Principel Place of Business Mailing Address 4100 N. 28TH TERR. 4100 N. 28TH TERR. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020										
2. Principal Pla	ace of Business	3. Mailing Address	-			BETAIN HADD BORN BON		r inclo luit	IÂNN 2107 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State	3	City & State			4. FEI Number	06-166	350	, —	pplied For ot Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of S		_ \$	8.75 Ad		
	6. Name and Address of Current	Registered Agent		Ţ	7. Name and Add	dress of New Re		•		
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STONĘ, AL	DELE I ESO.			Street Address (P.O. Box Number is	Not Acceptable)				ķ.
	OD FL 33020	•								ĺ
		•		City	 		FL	Zip Cod	ie	
	named entity submits this statement for	or the purpose of changing its	s registere	l ed office or register	ed agent, or both, in	the State of Flor		miliar with,	and accept	1
the obligation	ons of registered agent.		•							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)	<u> </u>	DATE		,	
										•
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				n Campaign Fina und Contribution			O May Be to Fees	
After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	DIRECTORS	11.			und Contribution		Àddec	S IN 11	
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2. 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 invitee 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.

SIGNATURE:

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954.924.977

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Daytime Phone #