

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90421 042 \*\*\*550.00

DOCUMENT # P94000001460  
1. Entity Name  
410 INVESTMENTS.

**670259**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1515 SW 13 CT  
Suite, Apt. #, etc.

3. Mailing Address  
1515 SW 13 CT  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT. LAUD., FL

City & State  
FT. LAUD. FL.

4. FEI Number 65-0467531  
Applied For  
 Not Applicable

Zip  
33312

Country  
USA

Zip  
33312

Country  
USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

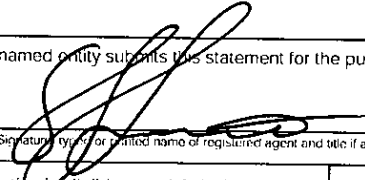
**7- Name and Address of Current Registered Agent**

Name Shelby Smith

Street Address (P.O. Box Number is Not Acceptable)  
1515 SW 13 CT

City FT. LAUD. FL Zip Code 33312

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

Signature type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES.</u> <u>Shelby Smith</u> <u>1515 SW 13 CT</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SEC.</u> <u>SELINA SMITH</u> <u>1515 SW 13 CT.</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02  
Date

954-760-4360  
Daytime Phone #

CR2E034B (12/01)