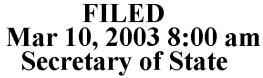
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P95000008827 1. Entity Name



HUSE	MAHIE N. SCHADE, P.A.				03-10-2003 90/40 ()50 ***150.00
Principal Place of Business 201 S BISCAYNE BLVD #1600 MIAMI FL 33131		Mailing Address 201 S BISCAYNE BLVD #1600 MIAMI FL 33131			70026251	
2. Principa	al Place of Business	3. Mailing Address	·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State			4. FEI Number CF OFOTAGE Applied For	
Zip	Country	Zip	Country		007000/18/	Applied For Not Applicable
	6. Name and Address of Current	Pagintared 8			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	and Addition of Current	negistered Agent	Name		7. Name and Address of New Registere	d Agent
CORPO	PRATION COMPANY OF MIAMI		IName	9		
201 S (BISCAYNE BLVD #1600 FL 33131		Street Address (P.O. Box Number is Not Acceptable)			
WIN-WIN	FL 33131					
L	•		City			Zip Code
8. The above	ve named entity submits this statement for	the purpose of changing it	s registered office	05 75 51-1-1-	ed agent, or both, in the State of Florida. I ar	L Zip code
the oblig	ations of registered agent.	,,	o registered office	or registere	ed agent, or both, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE	; -					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Agent sign	ature required w	when reinetating)	
Ţ.	FILE NOW!!! FEE IS \$150.00	ř			DATE	-
/ Afte	er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of	State			Section Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.'	OFFICERS AND D			<u>-</u>		
TITLE	D	Delete	11.	т——	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
NAME	SCHADE, ROSEMARIE N	☐ Detete	TITLE			☐ Change ☐ Addition
STREET ADDRESS	1 COOCHINE DEAD # 1000		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	 -		
NAME CERCEL LORDS	PERRONE, STPEHEN L		NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	i may a diocyllist Drift & 1000		STREET ADDRESS	1		
	MIAMI FL 33131		CITY-ST-ZIP	ł		
TITLE NAME	D GIBBONS, K	· · - Delete	TITLE.	-		☐ Change ☐ Addition
STREET ADDRESS	ONE RIVERFRONT PLAZA #1800		NAME		_	☐ Change ☐ Addition
CITY-ST-ZIP	LOUISVILLE KY 40202		STREET ADDRESS	}		
TITLE	S		CITY-ST-ZIP	<u> </u>		
NAME	NETTINA, RITA M	☐ Delete	TITLE			X☐ Change ☐ Addition
STREET ADDRESS	55 NE 73 ST		NAME STREET ADDRESS	490	00 Van Buren Street	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Hol	lywood, Fl 33021	
TITLE		☐ Delete	TITLE		23,1004, 11))021	- <u>-</u>
NAME CARSET ADDRESS			NAME			☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	1		
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		<u> </u>	
NAME STREET ADDRESS			NAME			☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRESS			1
			CITY-ST-ZIP			

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

SIGNATURE:

197 ELLOUREDRITA M. Nettina 3/3/03