FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



	IIFORM BUSIN		REPOR	T (ION UBR))	Jan 14, 2003 8:00 am	
			00047869				Secretary of State 01-14-2003 90046 021 ***150.00	
Principal Place of Business 109 SE 9TH ST FT LAUDERDALE FL 33316			Mailing Address 109 SE 9TH ST FT LAUDERDALE FL 33316				90002078	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & Sta	ite	City	City & State				4. FEI Number 65-0808005 Applied For Not Applicable	
Zip Country		Zip	Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curren	t Register	ed Agent			<u></u>	7. Name and Address of New Registered Agent	
VANCOUTEDENT LIFTOF				Name				
Vonschlieden, Heide 3900 Gulf Ocean Drive Ste 207 Fort Lauderdale fl 33308					Street Ade	dress (P	(P.O. Box Number is Not Acceptable)	
				City			FL Zip Code	
SIGNATURE,	Signature, typed or printed name of registered agent Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	t and title if app				<u> </u>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND		De	T 11.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D D		□ Delete	TITLE NAME STREET ADDRESS, CITY-ST-ZIP		······································	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
TITLE Name Street address City-St-Zip	D Delete FINE, ADAM 109 SE 9TH ST FT LAUDERDALE FL 33316		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.		Delete .		T ADDRESS ** ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS	*****	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	•	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS			☐ Delete	TITLE NAME	[ADDDECO	•	☐ Change ☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP