

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91892 014 \*\*\*150.00

0240172 AV

**DOCUMENT # P98000019993**

1. Entity Name  
**MUTUAL HOLDINGS, INC.**



Principal Place of Business <b>837 4TH STREET</b> 4 <b>MIAMI BEACH FL 33139</b> US	Mailing Address <b>837 4TH STREET</b> 4 <b>MIAMI BEACH FL 33139</b> US
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2. Principal Place of Business <b>6301 BISCAYNE BLVD</b>	3. Mailing Address <b>6301 BISCAYNE BLVD</b>
Suite, Apt. #, etc. <b>suite 109</b>	Suite, Apt. #, etc. <b>suite 209</b>

CHECK HERE IF MAKING CHANGES

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>65-0817558</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33138</b>	Country <b>US</b>	Zip <b>33138</b>	Country <b>US</b>

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

**6. Name and Address of Current Registered Agent**

**SHERMAN, THOMAS PA**  
**218 ALMERIA AV**  
**MIAMI FL 33134**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MOODY, KURT</b> <b>837 4TH STREET #4</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>MOODY, ARDYN</b> <b>837 4TH STREET #4</b> <b>MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

**SIGNATURE:**  **DATE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR20034 (10/02)