## FOR PROFIT CORPORATION

## **FILED** May 08, 2002 8:00 am

DOCUMENT # P9900 Entity Name			
Entity Name	00027156		Secretary of State 05-08-2002 90006 042 ***150.00
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W. 7. 112/1	און לאואל אול	· ·	
	<u> </u>		
DO NOT WRITE IN THIS SPACE			
Principal Place of Business	3. Mailing Address		
5591 N. YARK RO	DAD 113 N. A	SDERAL HWY	<u>/</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	Parille Cl	4. FEI Number Applied For
FT. INDERDALE, F	<del></del>	anult H.	65-09/57/4 Not Applicab
33312	Zip 33004	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
			7. Name and Address of Current Registered Agent
חח אח	T WRITE	Name GER	CALO AGAMS
DO NOT WRITE		Street Addres	ss (P.O. Box Number A Not Acceptable)
in i ui 2	SPACE		
	// ///	City 77.4	VIA BEACH FL Zip Softical
The above named entity submits this sta	ement for the purpose of changing its	s registered office or regis	stered agent, or both, in the State of Florida.
	- 000		
NATURE Signature, typed or printed name of egist	terpt gent and title if applicable. (NOT	E: Registered Agent signature requ	REG. AGENT 4-30-02
This corporation in all all the annual of the			irad when reinstating)
THIS CORPORATION IS CHIQIDIC TO SATISTY ITS IT	nt Angible January 1 - N	May 1 Fee is \$150.00	ired when reinstating) DATE
This corporation is eligible to satisfy its in Tax filing requirement and elects to do so (See criteria on back)	After May Amende	May 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be
Tax filing requirement and elects to do so (See criteria on back)	After May Amende Make Check Payak	May 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of S	Trust Fund Contribution
Tax filing requirement and elects to do so (See criteria on back)  OFFICEI	After May Amende Make Check Payat RS AND DIRECTORS	1, Fee is \$550.00 d UBR is \$61.25 ble to Department of S	Trust Fund Contribution
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Tax filing requirement and elects to do so (See criteria on back)  OFFICE  P, V, T, S, P  TET WAIKAY  5591 N. PAKK  ST-ZIP FT. LAUDERDAD  ET ADDRESS ST-ZIP GERALD ADDRESS ST-ZIP TOPHHODD  ST-ZIP PLANTATION, FC.	After May Amende Make Check Payak RS AND DIRECTORS  RS AND DIRECTORS  RO ATO  LET, ALL 33312	1, Fee is \$550.00 d UBR is \$61.25 ble to Department of S  THILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution
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I nereby certify that the information supplied with this filling 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 attachment with an address, with all other ike empowered.

**SIGNATURE:** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date