2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000088454 DOCUMENT

FILED Jan 27, 2003 8:00 am Secretary of State

1. Entity Nan				A THE			01-27-2003 90233 ()50 ***150	.00
Principal Place 1980 CORAL V MIAMI FL 331		1980	Mailing Address 1980 CORAL WAY MIAMI FL 33145-2624))
2. Principal P	lace of Business	3. Mai	3. Mailing Address			}		12141 (0117 41741 4)
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te .	City	City & State			4. F	El Number 65-0959176		oplied For ot Applicable
Zip Country		- Zip	Zip · s		Country		Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Cur	rent Register	ed Agent			7. N	ame and Address of New Registered	Agent	
OFFICAL PURIFICAL					Name				
GERSON, PHILIP M 1980 CORAL WAY				s	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33145-2624				<u> </u>	· · · · · · · · · · · · · · · · · · ·				
17117 UVIII 1 E	00110 E021			<u> </u>	···			Zin Cod	
2					City FL Zip Code				
	named entity submits this statéme tions of registered agent	nt for the purp	pose of changing its	registered o	ffice or register	ed age	ent, or both, in the State of Florida. I an	ı familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title if app	olicable. (NOTE	E: Registered Age	nt signature required	when rei	nstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.		AND DIRECTO	PRS	11.		ADI	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	SS DAVIS, JEFFREY R 1980 CORAL WAY		☐ Delete	TITLE NAME STREET AD				☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI FL 33145-2624		<u>-</u>	CITY-ST-Z	ZIP			 _	
TITLE			☐ Delete	TITLE NAME				☐ Change	Addition
NAME STREET ADORESS				STREET AD	DRESS				{
CITY-ST-ZIP		44 gran 1, and	and a support	CITY-ST-	I				
TITLE	☐ Delete		TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET AD	IDRESS				
CITY-ST-ZIP				CITY-ST-2					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAME					1
STREET ADDRESS CITY-ST-ZIP				STREET AD	F				-
TITLE		······································	☐ Delete	TITLE			 	[] Change	Addition
NAME			□ netera	NAME				L.J Glianye	AUGIIIOII
STREET ADDRESS				STREET AD					{
CITY-ST-ZIP				CITY-ST-Z	IP				1

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 addless, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNAL SIGNATURE AND TYPED OR APINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

Change

☐ Addition