## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F87030 **DOCUMENT #**

1. Entity Name

8896, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90833 033 \*\*\*150.00

Zip Country Zip Country 5: Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent 7: Name and Address of New Registered John SW 97TH AVE., SUITE 200  MAMI FL. SUITE 200  MIAMI FL. SUITE				ASSESSED OF THE SE	
Suito. Apt. #, etc.   Suito. Apt. #, etc.   GHECK HERE IF MAKING CHANGES    Only & State   City & State   City & State   City & State   City & State    Zip   Country   Zip   Country   S. Certificate of State Desired   SR-75 Additional    SR-75 Additional   SR-75 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional   SR-76 Additional    SR-76 Additional   SR-76 Additional   SR-76 Additional   SR-76 Additional   SR-76 Additional   SR-76 Additional   SR-76	250 E. PALM DRIVE #400 FLORIDA CITY FL 33034		10601 SW 125 ST MIAMI FL 33176		1 (
City & State  Country  Country  Country  S. Certificate of Status Desired  S8.75 Additional Fee Required  Additional Fee Required  Anne  Street Address (PC. Box Number is Not Acceptable)  Street Address (PC. Box Number is Not Acceptable)  City  FL  Zip Code  Anne  Street Address (PC. Box Number is Not Acceptable)  City  FL  Zip Code  Anne  Street Address (PC. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip C	2. Principal Place of Business		3. Mailing Address		
Zip Country Zip Country Sp. Country Sp. Country Sp. Certificate of Status Desired   S8.75 Additional Fee Required   S8.75 Addi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
Country   Zip   Country   Sip   Country   Signature   Sea.75 Additional Fee Required   Sea.75 Additional Fee Required Agent   T. Name and Address of New Registered Agent   Required Agent   Sea.75 Address (P.O. Box Number is Not Acceptable)	City & State		City & State		54-2246466
S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additional
KANZIGER, ROBERT A., ESD. 6401 SW 87TH AVE., SUITE 200 MIAMI FL 33173  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Int City Code  City Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Int City Code  City Street Address (P.O. Box Number is Not Acceptable)  City Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Int City Code  City Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (		6. Name and Address of Curi	rent Registered Agent	<u> </u>	
MIAMI FL 33173  City FL Zip Code  8. The above named enjly submits insistatement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to of registered agent, or both, in the State of Florida. I am familiar with, and according to of registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar with, and according to office or registered agent, or both, in the State of Florida. I am familiar		R, ROBERT A., ESD.			
Ety				Street Addres	ss (P.O. Box Number is Not Acceptable)
A, The above named analys 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 accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of prediction of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany familiar with accompa				City	FL Zip Code
Signature, sylfd or printed many of registered a agent and their if applicables   (NOTE: Registered Agent synature) required when remotaling)   DATE	8. The above the obliga	e named entity submits this statementions of registered agent.	nt for the purpose of changing it	ts registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
FILE NOW!!! :FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-2IP T	SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NO	TE: Registered Agent signature requ	irad when rejectation)
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME 10601 SW 125 STREET 1071-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S	Afte	FILE NOW!!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.	.00	go. Lagrado Joqu	Selection Campaign Financing \$5.00 May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET		<u> </u>			
NAME STREET ADDRESS CITY-ST-ZP MIAMN FL  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CIT				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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NAME STREET ADDRESS CITY OF THE	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify to the our matter and the contraction of	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS	☐ Change ☐ Addition

Interest 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

SIGNATURE:

SUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #