
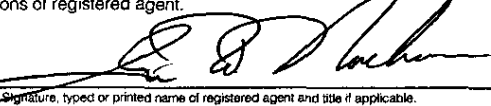
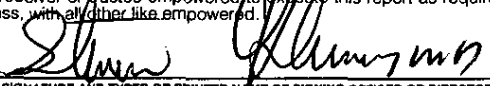


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31027				<p style="font-size: 24px; margin: 0;">FILED</p> <p style="font-size: 18px; margin: 0;">03 JAN 21 PM 12:07</p> <p style="font-size: 12px; margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA 900011123009 01/29/03--01028--005 **\$61.25</p>	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 101 Grand Palms Drive		3. Mailing Address 101 Grand Palms Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 65-0101904	
Zip 33027		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Irvin W. Nachman	
				Street Address (P.O. Box Number is Not Acceptable)	
				4441 Stirling Road	
City Ft. Lauderdale		FL		Zip Code 33314	
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 		IRVIN W. NACHMAN		1/9/03	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	PD Kleinman, Steven	101 Grand Palms Drive	Pembroke Pines, FL 33027		
	VPP Ladav, Jerome	101 Grand Palms Drive	Pembroke Pines, FL 33027		
	TD Shelley, Michael	101 Grand Palms Drive	Pembroke Pines, FL 33027		
	SD Neff, Arlena	101 Grand Palms Drive	Pembroke Pines, FL 33027		
	2nd VP Entin, Alvin	101 Grand Palms Drive	Pembroke Pines, FL 33027		
DO NOT WRITE IN THIS SPACE					
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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1/8/03		954-437-2835	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037B (12/02)