Business	Mailing Address									
	Mailing Address 100 SE 2 ST SUITE 2370 MIAMI FL 33131 US									
2. Principal Place of Business 3. Mailing			ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
	City & State			4. 1	4. FEI Number 59-0242625 Applied For Not Applicable					
Country Zip		Country		5. (5. Certificate of Status Desired Status Desired Fee Required					
Name and Address of Current Re	egistered Agent		Name	7. 1	Name and Ac	Idress of New	Registered	Agent		
Rickard, Barbara A 100 SE 2 ST Suite 2370 Miami Fl 33131-2145				s (P.O. E	3ox Number i	s Not Acceptab	ie)			
			City				51	Zip Cod	le	
ed entity submits this statement for t	he purpose of changing its	registere	d office or regis	tered ao	ent or both	in the State of F		• 1		
n is eligible to satisfy its Intangible rement and elects to do so. back)	After MAY 1, 20 Make Check Payab	01 Fee ble to De	will be \$550.00	tate	Trust	Fund Contributi	on.	Addeo	IO May Be d to Fees	
DM CKARD, B A 0 SE 2 ST	RECTORS	TITLE NAME STRE	E ET ADDRESS	AD	DITIONS/CH	IANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
DST, THOMAS E 1 NE 2 AVE	Delete	TITLE NAME STREE	E ET ADDRESS					🔲 Change	Addition	
DUGHTON, PETER E 20 SW 104 ST AMI FL 33156	Detete	NAME	ET ADDRESS			. 2		Change	Addition	
	Delete	NAME	ET ADDRESS					Change	Addition	
	🗋 Delete	NAME	E Et address					🗌 Change	Addition	
	🗆 Delete	TITLE NAME						🗋 Change	Addition	
	Country Name and Address of Current R BARBARA A ST TO 33131-2145 ed entity submits this statement for t ure, typed or printed name of registered agent and n is eligible to satisfy its Intangible ement and elects to do so. back) OFFICERS AND DI OM KARD, B A SE 2 ST WI FL ST, THOMAS E I NE 2 AVE WI FL ST, THOMAS E I NE 2 AVE UGHTON, PETER E 20 SW 104 ST	City & State Country Zip Name and Address of Current Registered Agent 9, BARBARA A 2 ST 70 . 33131-2145 ed entity submits this statement for the purpose of changing its ure, typed or printed name of registered agent and title if applicable. (NOT n is eligible to satisfy its Intangible ement and elects to do so. back) FILE NOW! After MAY 1, 20 Make Check Payate OFFICERS AND DIRECTORS Make Check Payate OFFICERS AND DIRECTORS Delete XARD, B A SE 2 ST VMI FL Delete ST, THOMAS E Delete VMI FL Delete VMI FL Delete VMI FL Delete OSW 104 ST Delete VMI FL 33156 Delete	City & State Country Zip Country Name and Address of Current Registered Agent N BARBARA A ST 70 . 33131-2145 ed entity submits this statement for the purpose of changing its registered agent and tile if applicable. (NOTE: Registered agent and tile if applicable. In is eligible to satisfy its Intangible ement and elects to do so. back) Difficers AND DIRECTORS OFFICERS AND DIRECTORS 12. OM Delete XARD, B A STRE ON STRE VMI FL Delete VMI FL 33132 CITY Delete VITHE VMI FL 33156 CITY Delete VITHE NAMI Delete VITH FL 33156 CITY Delete VITHE VITH Delete VITHE VITH Delete VITHE VITH Delete VITHE VITH SI SISE </td <td>City & State Country Zip Country Name and Address of Current Registered Agent Name Name and Address of Current Registered Agent Name Name Street Address ST Street Address 170 City . 33131-2145 City ed entity submits this statement for the purpose of changing its registered office or regis ure, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature requines the second of the sec</td> <td>City & State 4.1 Country Zip Country 5.4 Name and Address of Current Registered Agent 7.1 Name Street Address (P.O.E. ST0 Street Address (P.O.E. .33131-2145 City ed entity submits this statement for the purpose of changing its registered office or registered agent and site if applicable. (NOTE Registered Agent signature required when remote and elects to do so. wre.typed or pinted name of registered agent and site if applicable. (NOTE Registered Agent signature required when remote and elects to do so. back) Date May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. AL NAME Street ADDRESS ST, THOMAS E Delete I NE 2 AVE Street ADDRESS Mil FL 33132 TITLE VMI FL 33156 Delete I Delete TITLE NAME STRET ADDRESS STRET ADDRESS City - St-2P Delete TITLE NAME STRET ADDRESS<td>City & State 4. FEI Number Country Zip Country 5. Certificate of 1 Name and Address of Current Registered Agent 7. Name and Ad Name Name Name Street Address (P.O. Box Number in Name Origistered agent and the rapplcable. NoTE: Registered Agent signature required when remetating) n is eligible to satisfy its Intangible FILE NOW!!!! FEE IS \$150.00 ment and elects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CH Make NARE STRET ADRESS NMI FL Delete NAME STRET ADRESS OFFICERS AND DIRECTORS 11. NARE STRET ADRESS <t< td=""><td>City & State 4. FEI Number 59-02426 Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of Naw Name Name NBARBARA A Street Address (P.O. Box Number is Not Acceptable to Pointed rame of registered agent, or both, in the State of F 70 33131-2145 act to printed rame of registered agent and tise it applicable. (NOTE Registered office or registered agent, or both, in the State of F are, typed or printed rame of registered agent and tise it applicable. (NOTE Registered Agent signalure requered when rematating) n is eligible to satisfy its fintangible ement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OF Mil FL Delete ST, THOMAS E Delete IN E 2 AVE STRET ADDRESS OS SW 104 ST Orefleer E O SW 104 ST Delete Mil FL 33156 Delete</td><td>City & State 4. FEI Number 59-0242625 Country Zip Country 5. Certificate of Status Desired . Name and Address of Current Registered Agent 7. Name and Address of New Registered. . BARBARA A Name . St Street Address (P.O. Box Number is Not Acceptable) . 70 City . 33131-2145 City Ce entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. we typed or prefetchame of registered agent and the # applicable (NOTE Registered Agent signature equined when enstating) DATE is eligible to satisty its intangible ment and elects to do so. back) OFFICERS AND DIFECTORS DATE MARC Check Payable to Department of State OFFICERS AND DIFECTORS ID Delete ITLE NAME STRET ADRESS OTY-ST-2P UGHTON, PETER E 0 Set 2 ST OHE ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADR</td><td>City & State 4. FEI Number 59-0242625 A Country Zip Country 5. Certificate of Status Desired \$8.75, Ao. Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5. Certificate of Status Desired FL 70 33131-2145 City FL Zip Cod ad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tust Fund Contribution \$5. Certificate of Status was, Sped or printed raims of inguitered agent and tile it applicable (WDE Registered Agent signature requered when remaining) Date In is eligible to satistly its Intangible metric it applicable FILE NOW!!!! FEE IS \$150.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter metric of Status 10. Election Campaign Financing \$5. Certificate of Status DM OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change Street Address ST, THOMAS E Inte Street Address Inte Change</td></t<></td></td>	City & State Country Zip Country Name and Address of Current Registered Agent Name Name and Address of Current Registered Agent Name Name Street Address ST Street Address 170 City . 33131-2145 City ed entity submits this statement for the purpose of changing its registered office or regis ure, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature requines the second of the sec	City & State 4.1 Country Zip Country 5.4 Name and Address of Current Registered Agent 7.1 Name Street Address (P.O.E. ST0 Street Address (P.O.E. .33131-2145 City ed entity submits this statement for the purpose of changing its registered office or registered agent and site if applicable. (NOTE Registered Agent signature required when remote and elects to do so. wre.typed or pinted name of registered agent and site if applicable. (NOTE Registered Agent signature required when remote and elects to do so. back) Date May 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. AL NAME Street ADDRESS ST, THOMAS E Delete I NE 2 AVE Street ADDRESS Mil FL 33132 TITLE VMI FL 33156 Delete I Delete TITLE NAME STRET ADDRESS STRET ADDRESS City - St-2P Delete TITLE NAME STRET ADDRESS <td>City & State 4. FEI Number Country Zip Country 5. Certificate of 1 Name and Address of Current Registered Agent 7. Name and Ad Name Name Name Street Address (P.O. Box Number in Name Origistered agent and the rapplcable. NoTE: Registered Agent signature required when remetating) n is eligible to satisfy its Intangible FILE NOW!!!! FEE IS \$150.00 ment and elects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CH Make NARE STRET ADRESS NMI FL Delete NAME STRET ADRESS OFFICERS AND DIRECTORS 11. NARE STRET ADRESS <t< td=""><td>City & State 4. FEI Number 59-02426 Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of Naw Name Name NBARBARA A Street Address (P.O. Box Number is Not Acceptable to Pointed rame of registered agent, or both, in the State of F 70 33131-2145 act to printed rame of registered agent and tise it applicable. (NOTE Registered office or registered agent, or both, in the State of F are, typed or printed rame of registered agent and tise it applicable. (NOTE Registered Agent signalure requered when rematating) n is eligible to satisfy its fintangible ement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OF Mil FL Delete ST, THOMAS E Delete IN E 2 AVE STRET ADDRESS OS SW 104 ST Orefleer E O SW 104 ST Delete Mil FL 33156 Delete</td><td>City & State 4. FEI Number 59-0242625 Country Zip Country 5. Certificate of Status Desired . Name and Address of Current Registered Agent 7. Name and Address of New Registered. . BARBARA A Name . St Street Address (P.O. Box Number is Not Acceptable) . 70 City . 33131-2145 City Ce entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. we typed or prefetchame of registered agent and the # applicable (NOTE Registered Agent signature equined when enstating) DATE is eligible to satisty its intangible ment and elects to do so. back) OFFICERS AND DIFECTORS DATE MARC Check Payable to Department of State OFFICERS AND DIFECTORS ID Delete ITLE NAME STRET ADRESS OTY-ST-2P UGHTON, PETER E 0 Set 2 ST OHE ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADR</td><td>City & State 4. FEI Number 59-0242625 A Country Zip Country 5. Certificate of Status Desired \$8.75, Ao. Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5. Certificate of Status Desired FL 70 33131-2145 City FL Zip Cod ad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tust Fund Contribution \$5. Certificate of Status was, Sped or printed raims of inguitered agent and tile it applicable (WDE Registered Agent signature requered when remaining) Date In is eligible to satistly its Intangible metric it applicable FILE NOW!!!! FEE IS \$150.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter metric of Status 10. Election Campaign Financing \$5. Certificate of Status DM OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change Street Address ST, THOMAS E Inte Street Address Inte Change</td></t<></td>	City & State 4. FEI Number Country Zip Country 5. Certificate of 1 Name and Address of Current Registered Agent 7. Name and Ad Name Name Name Street Address (P.O. Box Number in Name Origistered agent and the rapplcable. NoTE: Registered Agent signature required when remetating) n is eligible to satisfy its Intangible FILE NOW!!!! FEE IS \$150.00 ment and elects to do so. Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CH Make NARE STRET ADRESS NMI FL Delete NAME STRET ADRESS OFFICERS AND DIRECTORS 11. NARE STRET ADRESS <t< td=""><td>City & State 4. FEI Number 59-02426 Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of Naw Name Name NBARBARA A Street Address (P.O. Box Number is Not Acceptable to Pointed rame of registered agent, or both, in the State of F 70 33131-2145 act to printed rame of registered agent and tise it applicable. (NOTE Registered office or registered agent, or both, in the State of F are, typed or printed rame of registered agent and tise it applicable. (NOTE Registered Agent signalure requered when rematating) n is eligible to satisfy its fintangible ement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OF Mil FL Delete ST, THOMAS E Delete IN E 2 AVE STRET ADDRESS OS SW 104 ST Orefleer E O SW 104 ST Delete Mil FL 33156 Delete</td><td>City & State 4. FEI Number 59-0242625 Country Zip Country 5. Certificate of Status Desired . Name and Address of Current Registered Agent 7. Name and Address of New Registered. . BARBARA A Name . St Street Address (P.O. Box Number is Not Acceptable) . 70 City . 33131-2145 City Ce entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. we typed or prefetchame of registered agent and the # applicable (NOTE Registered Agent signature equined when enstating) DATE is eligible to satisty its intangible ment and elects to do so. back) OFFICERS AND DIFECTORS DATE MARC Check Payable to Department of State OFFICERS AND DIFECTORS ID Delete ITLE NAME STRET ADRESS OTY-ST-2P UGHTON, PETER E 0 Set 2 ST OHE ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADR</td><td>City & State 4. FEI Number 59-0242625 A Country Zip Country 5. Certificate of Status Desired \$8.75, Ao. Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5. Certificate of Status Desired FL 70 33131-2145 City FL Zip Cod ad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tust Fund Contribution \$5. Certificate of Status was, Sped or printed raims of inguitered agent and tile it applicable (WDE Registered Agent signature requered when remaining) Date In is eligible to satistly its Intangible metric it applicable FILE NOW!!!! FEE IS \$150.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter metric of Status 10. Election Campaign Financing \$5. Certificate of Status DM OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change Street Address ST, THOMAS E Inte Street Address Inte Change</td></t<>	City & State 4. FEI Number 59-02426 Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of Naw Name Name NBARBARA A Street Address (P.O. Box Number is Not Acceptable to Pointed rame of registered agent, or both, in the State of F 70 33131-2145 act to printed rame of registered agent and tise it applicable. (NOTE Registered office or registered agent, or both, in the State of F are, typed or printed rame of registered agent and tise it applicable. (NOTE Registered Agent signalure requered when rematating) n is eligible to satisfy its fintangible ement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OF Mil FL Delete ST, THOMAS E Delete IN E 2 AVE STRET ADDRESS OS SW 104 ST Orefleer E O SW 104 ST Delete Mil FL 33156 Delete	City & State 4. FEI Number 59-0242625 Country Zip Country 5. Certificate of Status Desired . Name and Address of Current Registered Agent 7. Name and Address of New Registered. . BARBARA A Name . St Street Address (P.O. Box Number is Not Acceptable) . 70 City . 33131-2145 City Ce entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. we typed or prefetchame of registered agent and the # applicable (NOTE Registered Agent signature equined when enstating) DATE is eligible to satisty its intangible ment and elects to do so. back) OFFICERS AND DIFECTORS DATE MARC Check Payable to Department of State OFFICERS AND DIFECTORS ID Delete ITLE NAME STRET ADRESS OTY-ST-2P UGHTON, PETER E 0 Set 2 ST OHE ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADRESS ID belde ITLE NAME STRET ADR	City & State 4. FEI Number 59-0242625 A Country Zip Country 5. Certificate of Status Desired \$8.75, Ao. Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Require Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5. Certificate of Status Desired FL 70 33131-2145 City FL Zip Cod ad entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tust Fund Contribution \$5. Certificate of Status was, Sped or printed raims of inguitered agent and tile it applicable (WDE Registered Agent signature requered when remaining) Date In is eligible to satistly its Intangible metric it applicable FILE NOW!!!! FEE IS \$150.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter MAY 1, 2001 Fee will be \$550.00 atter metric of Status 10. Election Campaign Financing \$5. Certificate of Status DM OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change Street Address ST, THOMAS E Inte Street Address Inte Change	