


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90350 034 \*\*\*150.00

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<b>DOCUMENT #</b> 156984	
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Principal Place of Business 303 E. SAN MARINO DRIVE MIAMI BEACH FL 33139	Mailing Address 303 E. SAN MARINO DRIVE MIAMI BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address 12700 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101
City & State	City & State NORTH MIAMI FL
Zip	Country 33181 USA

11036717

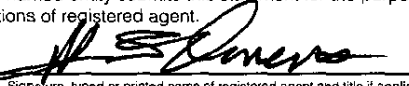


☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-0610617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DANER, JACK 303 E. SAN MARINO DRIVE MIAMI BEACH FL 33139
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7. Name and Address of New Registered Agent Name WILLIAM P. OWENS Street Address (P.O. Box Number is Not Acceptable) 12700 BISCAYNE BLVD #101 City NORTH MIAMI FL Zip Code 33181
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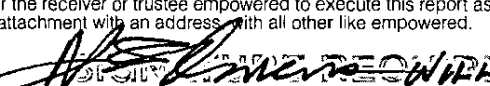
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  WILLIAM P. OWENS DATE 4/29/03
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DANER, JACK L 303 E. SAN MARINO DRIVE MIAMI BCH. FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANER, REBA E 303 E. SAN MARINO DRIVE MIAMI BCH. FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABRAM, ANDERSON E 303 EAST SAN MARINO DR MIAMI FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OWENS, WILLIAM P. 12700 BISCAYNE BLVD #101 NORTH MIAMI FL 33181-2024 <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address with all other like empowered.  SIGNATURE  WILLIAM P. OWENS DATE 4/29/03
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CR2E034 (10/02)