## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

368391 **DOCUMENT #** 



**FILED** Apr 16, 2003 8:00 am Secretary of State

1. Entity Nam				ļ			04-16-20	03 90135 013	7 ***150	.00
Principal Place of Business 4101 PALM AVE HIALEAH FL 33012			Mailing Address 4101 PALM AVE HIALEAH FL 33012							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEIN	4. FEI Number 59-1299191 Applied Fo			oplied For ot Applicable-
Zip		Country	Zip	Coun	ry		ficate of Status Desire	20 F	8.75 Ad ee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
CROYSDALE, WAYNE					Name					
	•			Street Address (P.O. Box Number is Not Acceptable)			able)		<b></b> "	
4101 PALM AVE Hialeah Fl 33012								<del></del>	<del></del>	
HALLA	L 0001E				City				Zin Cos	in
8. The above named entity submits this statement for the purpose of changing its registe						FL Zip Code				
	named entity ions of regist		r the purpose of changing its	registere	d office or registe	ered agent, d	or both, in the State o	f Fforida. I am fa	ımiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature require	ed when reinstatir	ng)	DATE		
1 F	II E NOWII	L FFF ID 04F0 00								
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State			\$	<ol><li>Election Campaigr Trust Fund Contrib</li></ol>	~ —		00 May Be d to Fees
After Make Check	May 1, 200 Payable to	3 Fee will be \$550.00	i	11.				oution.	Adde	d to Fees
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After Make Check  10. TITLE NAME	PD CROYSDA 4101 PALM	OFFICERS AND LE,WAYNE A SECOND TO SECOND SEC	DIRECTORS	TITLE NAME STREE	I		Trust Fund Contrib	OFFICERS AND	Adde	d to Fees
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12. Thereby certify that the information supplied with this filing does not qualify for the promption 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 attachpient with an address, with all other like en

SIGNATURE: 5