## FILED

Apr 14, 2003 8:00 am Secretary of State

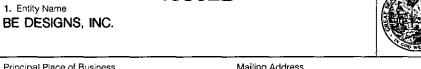
04-14-2003 90418 029 \*\*\*150.00

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

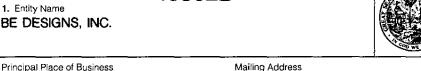
DOCUMENT #

4659 S.W. 72ND AVE.

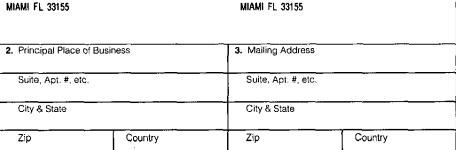
SIGNATURE



498022



4659 S.W. 72ND AVE.





☐ CHECK HERE IF MAKING CHANGES

DATE

4. FEI Number Applied For 59-1653943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

EGLIN, BEN	
11180 SNAPPER CREEK ROAD	
CORAL GABLES FL 33133	

Name		- 1		
		•	_	 
Street Addr	ess (P.O. Box Num	ber is Not Acc	eptable)	 

City Zip Code

B. <sup>-</sup>	The above named entity submits this statement for the purpose of changing its registered office or regist	stered agent, or both,	in the State of Florida.	l am familiar with,	and accept
t	the obligations of registered agent.		•		

(NOTE: Registered Agent signature required when reinstating)

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

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete EGLIN, BEN NAME NAME STREET ADDRESS 3604 MATHESON AVE STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 eport 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP