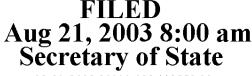
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

522664 DOCUMENT # 1. Entity Name EMIL JACZYNSKI, P. A.



FILED									
Aug 21, 2003 8:00 am									
Secretary of State									
08-21-2003 90111 039 ***550 00									

			٠			TEST					
Principal Place of Business 500 S E 17 STREET 200 FORT LAUDERDALE FL 33316 US			500 S 200	FORT LAUDERDALE FL 33316							
2. Principal Place of Business			3. Ma	3. Mailing Address			1 (8 8 10 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111 4 0 1411 0101 0101 0	icact event even	ALURI OLOUS LOOK	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			FEI Number 59-1743	234	 -	pplied For lot Applicable	
Zip	Country		Zip	Country		5.	Certificate of Status Desi	red 🗆	\$8.75 Ad Fee Require		
·····	6. Name	and Address of Currer	nt Register	ed Agent		7.	Name and Address of N	ew Registered		<u> </u>	
						Name					
JACZYNSKI, EMIL 1001 NW 114 AVENUE					Street Ac	ldress (P.O.	Box Number is Not Accep	table)			
PLANTATION FL 33323											
•					City			FL	Zip Coc	ie	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750 Make Check Payable to Florida Department of							9. Election Campaig Trust Fund Contri	_		00 May Be d to Fees	
10.		OFFICERS AN	D DIRECTO	PRS	11.	Α	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jaczyns 1001 NW Plantati			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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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:

SIGNATURE