The acrown among any supplies this statement for the purpose of changing is registered allegative valued that introducing and an introducing state of the purpose of changing is registered after a registered agent, or both, in the State of Routing State of Routi	DOCUI	564020	0	200 - egs	T (UBR)		tak i gyan	44	
SUTE N NORTH LAUDERDALE FL 2008 Sutte, Apt. 4, etc. City & State City	1. Entity Name							FILED	* *
SUTE N NORTH LAUDERDALE FL 2008 Sutte, Apt. 4, etc. City & State City	Principal Place	o of Business		Mailing Address				01 OCT 30 PM 3.25	444 SCHOOL
Surte, Apr. #, 800. Suite, Apr. #, 810. Suite, Apr. #, 810. Suite, Apr. #, 810. Suite, Apr. #, 810. Country Country Country Sp. Treatfloate of Status Desired Sp. 75 Auditional Fee Required Fe	6047 KIMBERI SUITE N	ELY BLVD.		6047 KIMBERÉLY BLVD. SUITE N				·	A. CORR. VENTANA MARKET
City & State City & State City & State Country Countr	2. Principal Pl	lace of Business	- 1	3. Mailing Address	_	L.A.V.			The state of the s
Sept Address of Current Registered Agent	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
Some and Address of Current Registered Agent Noune Street Address of New Registered Agent Noune Street Address of New Registered Agent Noune Street Address (P.O. Box Number is Not Acceptable)	City & State	е		City & State			4.	EO_1794479	ole .
BERKHEIMER, JERRY 0 Set 10 LMBERG RD Sa223 PARKAND FL 33067 8. The above named antity subjects this statement for the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the purpose of changing its registered edifice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the State of Florida. SIGNATURE 9. This corporation deligible to satisfy its interrigible of the satisfy its interrigible of t	Zip Country			Zip.	Zip. Country -			Cortificate of Status Desired \$8.75 Additional	
Sets HOLMBERG RD S2823 PARKLAND FL 33067 Dity FL Zip Code The above named cntilly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature File Now!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 After September 12, 2001 Fee		6. Name and	Address of Current R	egistered Agent	نتسليب	Name	- ~-71	Name and Address of New Registered Agent	
PARKLAND FL 33067 8. The above named entity sub-pits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Parked name of registered specific Parked name of registered agent, or both, in the State of Florida. SIGNATURE Signature Parked name of registered agent of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered agent, or both, in the State of Florida. SIGNATURE Parked name of registered parked agent of Parked name of Park						Street Add	ress (P.O. f	Box Number is Not Acceptable)	
B. The above named entity substitis this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE	***								7
SIGNATURE Signature primed rearnol trigglations agent and title # septicutals (NOTE. Registered Apent Signature required when reinstaling) OATE						City		FL Zip Code	
9. This corporation well gibble to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 After	8. The above	named entity sub	nits this statement for	the purpose of chang	ging its registe	ered office or re	egistered ag	gent, or both, in the State of Florida.	
9. This corporation of eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Secretary of the electron of the companies of the electron of the electron on back) After September 12, 2001 Fee will be \$750.00	SIGNATURE	[/	'hh						
Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE								einstating) DATE	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP DELETE ADDRESS CITY-ST-ZIP ADdition STREET ADDRESS CITY-ST-ZIP ADDRESS CI	Tax filing r	requirement and e	ects to do so.	After Septem	After September 12, 2001 Fee will be \$750				ə
INME BERKHEIMER, RANDY STREET ADDRESS CITY-ST-ZIP TITLE CEO. Delete STREET ADDRESS CITY-ST-ZIP PARKLAND.FL. TITLE VD Delete KONSTEN, JOSEPH M. STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Del		OTD	OFFICERS AND D				A		ion E
INME BERKHEIMER, RANDY STREET ADDRESS CITY-ST-ZIP TITLE CEO. Delete STREET ADDRESS CITY-ST-ZIP PARKLAND.FL. TITLE VD Delete KONSTEN, JOSEPH M. STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Del	NAME Street address	BERKHEIMER 4601 CEDARI	IILL RD.	□ Dets.	NA STI	ME REET ADDRESS		4000046961047 -11/28/0101012023	32E034 (5/0
TITLE CEO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP PARKLAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	NAME STREET ADDRESS	BERKHEIMER 7201 SW 1ST		☐ Dele	NA STI	ME , Reet address -	. 20	☐ Change ☐ Addil	ion 5
CITY-ST_ZIP PARKLAND.FL Change Addition NAME KONSTEN, JOSEPH M. 1061 HILLSBORO MILS CITY-ST-ZIP HILLSBORO BEACH FL TITLE D Delete TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	-TITLE - ~	CEO BERKHEIMER		Dele	IE III	TLE ME		and the second of the second o	tion
NAME STREET ADDRESS CITY-ST-ZIP TITLE D BERKHEIMER, JERRY D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D BERKHEIMER, JERRY D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE D BERKHEIMER, JERRY D. STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>			E-687.10791	DE STREET OF STREET OF STREET	
TITLE NAME BERKHEIMER, JERRY D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET ADDRESS	KONSTEN, JO 1061 HILLSBO	ORO MILS	□ Dele	NA ST	AME REET ADDRESS	9 40 8 1	Addition of the state of the st	tion
TITLE MAME STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if	TITLE	D Berkheimer	, Jerry D. Erg RD S2823	☐ Dele	NA ST	REET ADDRESS		☐ Change ☐ Addir	tion
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my have appears in blook in a b	NAME STREET ADDRESS		_		t-	7.5		Change Addi	tion
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>	☐ Dele	NA ST	AME TREET ADDRESS			