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City & State       City & State       A. FEI Number 59-1796091       Applied         Zip       Country       Zip       Country       Zip       Country       Sign 73 Acadional         PONZOLI, RONALD P. 3250 MARY STREET, SUITE 405       Name and Address of Current Registered Agent       Name and Address of New Registered Agent       Name and Address of New Registered Agent         PONZOLI, RONALD P. 3250 MARY STREET, SUITE 405       Street Address (P.O. Box Number is Not Acceptable)       Name and Address of Porids. Law town of the purpose of changing its registered agent, or both, in the State of Porids. Law town of the obligation of registered agent, or both, in the State of Porids. Law town of the obligation of registered agent.       The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porids. Law town of the obligation of registered agent.       The above named entity submits this statement.       Name and Address (P.O. Box Number is Not Acceptable)         Identified by the obligation of registered agent.       Identified by the obligation of registered agent.       The State of Porids. Law town of registered agent.       The Acceptable of Porids of poritoring of the purpose of changing its registered agent.       Identified by the Acceptable of Porids of Porids. Law town of registered agent.         Identified by the obligation of registered agent.       Name and Address (P.O. Box Number is Not Acceptable of Porids Operation.       State Address (P.O. Box Number is Not Acceptable of Porids Operation.         Ident Haddress (P.O. Bo	Principal P	Place of Business	3. Mailing Address		
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AME TREET ADDRESS ITY- ST- ZIP 2. 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 inform 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 inform	After Adde Check O. TLE AME IREET ADDRESS ITY - ST - ZIP TLE AME IREET ADDRESS ITY - ST - ZIP TLE AME ITY - ST - ZIP TLE AME ITY - ST - ZIP TLE AME ITREET ADDRESS ITY - ST - ZIP TLE ITLE	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND S PONZOLI, RONALD P. 3250 MARY STREET, SUITE 405 MIAMI FL 33133 P WASSENBERG, RICHARD L. 3250 MARY STREET, SUITE 405 MIAMI FL V SPERKACZ, ZORIAN 3250 MARY STREET, SUITE 405 MIAMI FL T KELLER, JOHN P 3250 MARY STREET, SUITE 405	DIRECTORS	11.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	
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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 Bloc changed, or on an attachment with an address, with all other ike impowered.	After Take Check The Address Treet Address Try ST-ZIP TLE AME TREET ADDRESS Try ST-ZIP TLE AME TREET ADDRESS Try ST-ZIP TLE AME TREET ADDRESS Try ST-ZIP TLE AME TREET ADDRESS Try ST-ZIP TLE TREET ADDRESS Try ST-ZIP TLE TREET ADDRESS Try ST-ZIP	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND S PONZOLI, RONALD P. 3250 MARY STREET, SUITE 405 MIAMI FL 33133 P WASSENBERG, RICHARD L. 3250 MARY STREET, SUITE 405 MIAMI FL V SPERKACZ, ZORIAN 3250 MARY STREET, SUITE 405 MIAMI FL T KELLER, JOHN P 3250 MARY STREET, SUITE 405 MIAMI FL 33133	DIRECTORS	11.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	