## FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90384 009 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

1. Entity Nan ANDREW	r L. SIPOS, JR., P.A.	l		-, •		
Principal Place of Business  256 BIRB RD STE #302 CORAL GABLES, FL 33146  CORAL GABLES, FL 33146  The control of Business  3. Mailing Address						
Suite, Apt. #, etc.  Suite, Apt. #, etc.						<b>4 8   5 5</b>    <b> 88</b>
City a Stat	Atilla FL	City & State Um AT, I/A	FL	4. FEI Number 59-1849673	<u> </u>	oplied For of Applicable
3278	Y . Country	302784	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
SIPOS, JR., ANDREW L.  250 BIRD RD  CORAL CARLES FI 33145  Street Address (P.O. Box Number is Not Acceptable)						
UMATILIA FL 327 MY						
.   •			City	FL	Zip Cod	e
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 tide if applicable. (NOTE Registered Agents signature required when reinstating)  DATE  FILE NOWIFI FEE IS \$150,00						
Aftei	r Nay 1, 2003 Fee will be \$550,00 r Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME	SIPOS, JR., ANDREW L.	🗆 Dekele Fletcher Kd.	TITLE NAMÉ		∐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES, FL UMATIL		STREET ADDRESS CITY-ST-21P			100
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS CITY-ST-ZIP			- T
TITLE		☐ Delete	TITLE	<u> </u>	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-2P		☐ Delete	CITY-ST-ZIP			Addition
NAME STREET ADDRESS	-		NAME STREET ADDRESS			
CITY-ST-2P			CITY-ST-ZIP			
TITLE NAME	~.	☐ Delete	TITLE NAME		📋 Change	Addition
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS City-ST-21P	•		
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3x)), 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 an attachment with an address, with all other like empowered.						
SIGNATURE: AND TYPEU OR PRINTED PLANE OF SIGNING OFFICER OR DIRECTOR Date On Direction Date Only Organing Prome #						