2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPOR

DOCUMENT #	
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589626

1. Entity Name

Principal Place of Business
P.O. BOX 5403
FT. LAUDERDALE FL 33310-5403

Mailing Address P. O. BOX 5403

FT. LAUDERDALE FL 33310-5403

us		
3. Mailing Address		
Suite, Apt. #, etc.		
City & State		
	3. Mailing Address Suite, Apt. #, etc.	

FILED

03 MAY 20 AH 10: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



59-1889933

,				39-1003933	Not Applicable	
Zip	Country	Zìp	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Register	ed Agent			
LEVAN, ALAN	В.		Name			
1750 E. SUNRISE BLVD.			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
3RD FLOOR						
FT. LAUDERD	ALE FL 33304		City		■■ Zin Code	

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.

City

(NOTE: Registered Agent signature required when reinstating)

SIGNA	TURE	f applicable.
- 3	FILE NOW!!! FEE IS \$150.00	

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Zip Code

Applied For

	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVAN, ALAN B. 1750 E. SUNRISE BLVD., 3RD FLOOR FORT LAUDERDALE FL 33304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 50020056145 05/29/0301006030 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS GILBERT, GLEN R. 1750 E. SUNRISE BLVD., 3RD FLOOR FORT LAUDERDALE FL 33304	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

Daytime Phone #