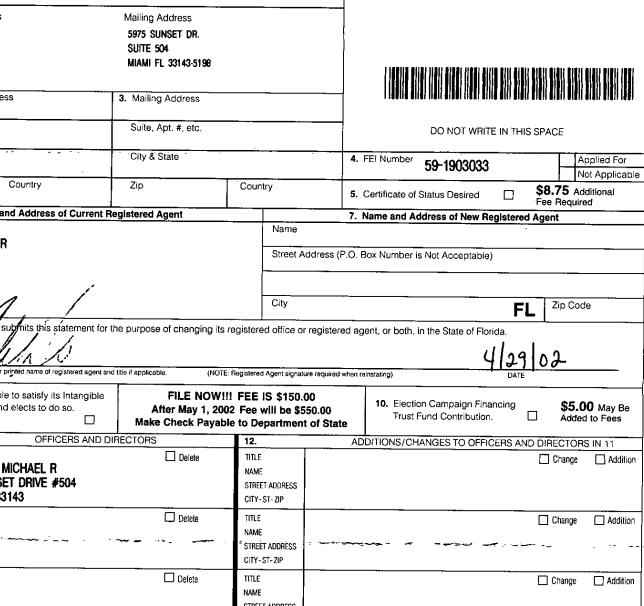
## 2002 UNIFORM BUSINESS REPORT (UBR) 614156 **DOCUMENT #** 1. Entity Name LAW OFFICES OF MICHAEL R. STORACE, P.A. Principal Place of Business Mailing Address 5975 SUNSET DR 5975 SUNSET DR. SUITE 504 SUITE 504 MIAMI FL 33143 MIAMI FL 33143-5198 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent Name STORACE, MICHAEL R 5975 SUNSET DRIVE SUITE 504 MIAMI FL 33143 City

or printed name of registered agent and title if applicable.

## FILED May 20, 2002 8:00 am Secretary of State

05-20-2002 90061 007 \*\*\*150.00



(See criter	ria on back)		Make Check Payabl	le to Department of State	nust rund Continu	oution.	⊔ Adde	d to Fees
11.	OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORACE, MICHAEL R 5975 SUNSET DRIVE #5 MIAMI FL 33143	504	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change	☐ Addition
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FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

 I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment

SIGNATURE: X

8. The above named a

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

NTED NAME OF SIGNING OFFICER OR DIRECTOR