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DOCUMENT # 633674							Feb 25, 2002 8:00 an Secretary of State				
S & R SA	LES ASS	oci	ATES, INC.					02-25-2002 90	0038 028	3 ***150	.00
						<u></u>					
Principal Place of Business				Mailing Address							
20678 N.W. 27		·	20678 N.W. 27TH TERRACE								
BOCA RATON	FL 33434			BOCA RATON FL 33434					181 81811 BIRT	1 6/3 14 5/5 17 6 /	
2. Principal Pl	ace of Busine	ess	[;	3. Mailing Address				1 1 50 1110 0 1100 11103 11110 01111 10011 0	IN BINI NO	A/A U	a ji a jati 1961
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SP	ACE	
City & State)	i		City & State			4. F	El Number 59-1931619			plied For Applicable
Zip		Cói	untry	Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and A	Address of Current Reg	gistered Agent	Name			lame and Address of New Regi	stered Ag	ent	
ROSENBAUM, RICHARD						Street Address (P.O. Box Number is Not Acceptable)					
20678 N.W. 27TH TERRACE											
BOCA RATON FL 33434					City			FL	Zip Code	,	
The above named entity submits this statement for the purpose of changing its registere						ed office or i	registered ag	ent, or both, in the State of Florid		<u></u>	
6. The above	named entity	Subj	ms this statement for the	e purpose or origing ne	regiotor	30 011133 31 1		5.1.1, 5. 1			{
SIGNATURE .	Siegobyra bypada	ar prints	d name of registered agent and I	(NO)	F Registere	d Acent signatur	e required when re	einstating)	DATE		
		<u> </u>				 					
 This corporation is eligible to satisfy its Intan Tax filing requirement and elects to do so. 				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00				 Election Campaign Finant Trust Fund Contribution. 	cing		May Be to Fees
	ia ori back)	<u> </u>		Make Check Paya		epartment			_		
11.	_	- 1	OFFICERS AND DIF	RECTORS Delete	12. TITLE	<u> </u>	AD	DITIONS/CHANGES TO OFFICE		DIRECTORS Change	Addition
TITLE NAMS	P Rosenba	LIM	RICHARD	L Delete	NAM	1			·	ondingo	
STREET ADDRESS			TH TERRACE			ET ADDRESS					ļ
CITY-ST-ZIP	BOCA RA	<u> FON</u>	FL 33434			-ST-ZIP			i	Change	☐ Addition
TITLE NAME				☐ Delete	TITLI				ι	Change	LI Addition
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STREET ADDRESS					•	ET ADDRESS					(
CITY-ST-ZIP						-ST-ZIP					
13. I hereby o	certify that the	infor	mation supplied with thi	is filing does not qualify for	or the exe	mption state	ed in Section	119.07(3)(i), Florida Statutes. I fu	rtner certif	y that the in	itormation

Thereby certify that the information supplied with this hinting does not quality for the exemption stated in Section 119.07(3)(f). 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR