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DATE

(9/01)

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 715855 1. Entity Name			Jun 03, 2002 8:00 and Secretary of State 05-01-2002 91507 050 ****61.25	
Principal Place of Business	Mailing Address			
19687 OAKBROOK CIRCLE BOCA RATON FL 33434	19687 OAKBROOK CIRCLE BOCA RATON FL 33434			
				I ANDRE BEBER BEARL BUDIN BURIN HEBU
2. Principal Place of Business	3. Mailing Address			!
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State City & State			4. FEI Number 23-7009334	Applied For Not Applicable
Zip* - Country - Country	- ا Zip ا ا	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name			7. Name and Address of New Registered Agent	
WEISS, ARTHUR 19687 OAKBROOK CIRCLE BOCA RATON FL 33434			Street Address (P.O. Box Number is Not Acceptable)	
			* * * * * * * * * * * * * * * * * * * *	
		City		Zip 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

9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE 1/5 Addition (Change : WEISS, ARTHUR NAME NAME STREET ADDRESS 19687 OAKBROOK CIRCLE STREET ADORESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP DVTS Delete TITLE TITLE NAME WEISS, JANICE NAME STREET ADDRESS .19687, OAKBROOK_CIRCLE. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition DAUM, JOHN NAME NAME STREET ADDRESS 10512 S.W. 137TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33186 Delete TITLE 4 D NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent signature required when reigstating)

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 617, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.