## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2005 8:00 am Secretary of State

DOCUMENT #	716651		<u>`</u> "≥ S€	ecretar	y of Sta	te	
DOCUMENT # -1Entity Name HILLS BO 120 Light		0	03-01-2005 90082 022 ****61.25				
DO NOT WR	ITE IN THIS SP	PACE	5 (4) 6 (4)	20	016929		
2. Principal Place of Business 2639 N. Truers Lac	3. Mailing Address						
Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Cuito, Apt. #, etc.				OO NOT WHITE IN THIS SPACE			
City & State City & State			4. FEI Number	F-1			
Pompando Sepch FL. Zip Country Zip		Country	-		<u></u>	Not Applicable	
33062 Bown		Country	5. Certificate of	Status Desired	☐ <b>\$8.75</b> Ad Fee Requir		
		7. Name and Address of Current Registered Agent					
DO NOT WRITE  Name  No Street A			Dorman				
- DONOI	WRITE	Street Addres	ss (P.O. Box Number i	s Not Acceptable			
IN THIS	SPACE	20	od 10 1000	ions ide s	1570		
		City					
the state of the s	The state of the s	Pemon	is o Beach		<del>-</del> -FL   ქ <sup>ი</sup> ვა	362 262	
<ol><li>The above named entity submits this state the obligations of registered agent.</li></ol>	ment for the purpose of changing its r	egistered office or regis	stered agent, or both,	in the state of Flor	ida. I am familiar with,	and accept	
the obligatorio or registered agent.	ſ						
las 10, 11 a	\ <u></u>	o		- 1-	1		
SIGNATURE Signature, typed or printed name of register	red agent and title if applicable. (NOTE:	Pegistered Agent signature requ	uired when reinstation)	2/2	F 01	<del></del>	
FEE IS \$61.25 Initial or Amended UBR	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		ke Check Payable a Department of		
10. OFFICERS	AND DIRECTORS	1、 本衛艦炎 。	in the last of the	and the second second		2. / Market 1973	
TITLE PRES.  NAME MIKE KANFON A  STREET ADDRESS 2639 N. RIVERS	ide Dre	TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  Pomprova Bear Vice Fres. d. William Lu 17310 Awtiq	ent mpkin mpkin tou, Fl. 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME CAROL VIGNO. STREET ADDRESS 2439 N. RIVE	eside be # 702	TITLE NAME STREET ADDRESS	DO	NOT	ADITE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
CITY-ST-ZIP Pomparo Beach	FI 33062	CITY-ST-ZIP	UU		441/131 F		
NAME Elizabeth Heis STREET ADDRESS 2639 N. PRIVE CITY-ST-ZIP POMPANO PEN	LAND rside De #703 ch, F1 33062	NAME STREET ADDRESS CITY-ST-ZIP	IN	THIS S	SPACE		
NAME MELINDA MOSE STREET ADDRESS JG39 N. RIVERS CITY-ST-ZIP ROMPANO BEACH	ley br. =203	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST-ZIP					

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

h. Kanler

zharlar

954-782-6854