2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 716811

1. Entity Name

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

LUKE, BARBARA

1455 N 12TH CT 3A

CRYSTAL	COURT I	Manor no. 11 cc	NDOMI	NIUM, INC.								
Principal Place of Business Maile				lailing Address								
•				1451-1455 NORTH 12TH COURT				1 min com				
APT #8B				APT #8B				60012695				
HOLLYWOOD FL 33019 HUS US			US									
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			Ci	City & State				4. FEI Number 59-1446315 Applied For Not Applicable				
Zip	Zip Country		Zij	Zip		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 Registered Agent						
						- Name						
LAW OFFICES OF ERIC M. GLAZER, P.A. 1920 EAST HALLANDALE BEACH BLVD., 8TH FL					: : :	Street Address (P.O. Box Number is Not Acceptable)						
HALLANDALE FL 33009					City			·		Zip Code	9	
						Only				FL	p 000.	
SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE	E: Register	ed Agent signat	 ure required	when reinstating)		DATE		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			Payable nent of S		
10.		OFFICERS AND D	RECTORS		11.		A	ADDITIONS/CHAN	IGES TO OFFICERS	AND DIR	ECTORS IN	10
TITLE	PD	•		☐ Delete	,TIT	.E					Change	Addition
NAME), Joseph			NAM	ΛE						
STREET ADDRESS	1101111211121			S								
CITY-ST-ZIP	HOLLYWO	OD FL 33019			CIT	Y-ST-ZIP						
THTLE	A			☐ Delete	.1111		Dire	ector		:	Change Change	☐ Addition
NAME						VE	Hanr	non, Jam	es			1
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,					EET ADDRESS Y-ST-ZIP	145	1 North	12th Ct 1	1B,H	ollyw	boc
CITY-ST-ZIP	_	JUD FL:33019			- '						Change —	Addition
TITLE	D	UEI EN		Delete	:TITE NAM						Change	Addition
NAME STREET ADDRESS	SAVELLA,	THE CT 12A				EET ADDRESS						
CITY-ST-ZIP		OD FL 33019				Y-ST-ZIP						
	D	000 FC 33019			-		VIC	E PRESID	ENT		Change	Addition
TITLE NAME	DOYLE, W	ЛПАМ		☐ Delete	(TIT) NAM		79 (DYLE, WM			Onange La	
STREET ADDRESS		2TH CT 8A				EET ADDRESS	14:	oi North	12th Ct	1 Z A		į
CITY-ST-ZIP		OD FL 33019			1	Y-ST-ZIP						
TITLE	T	TO TE GOOT		☐ Delete	TITI	.E				****	☐ Change	Addition
NAME	REPETTI,	NANCY		- Delete	NAN							_
STREET ADDRESS		2TH CT 2A				EET ADDRESS						
CITY-ST-ZIP		OOD FL 33019			CIT	Y-ST-ZIP						

HOLLYWOOD FL 33019 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

Change

Addition

FILED

Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90256 006 ****61.25