2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 719099 1. Entity Name

FILED Jan 23, 2003 8:00 am ecretary of State

01-23-2003 90144 026 ****61.25

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LUCAL 3	2 HULDING CORPORATION,	ING.		
Principal Place of Business 20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179		Mailing Address 20375 NE 15TH COURT NORTH MIAMI BEACH FL 3317	79	
2. Principal I	Place of Business	3. Mailing Address		I JEBRIJI EDBEZ IZENE REDIK BODIH REDIG SOLI BIDIK BIDIK BIDIK BIDIK BIBIK BIDIK BIDIK
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2131186 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
-	6. Name and Address of Current	TRegistered Agent		7. Name and Address of New Registered Agent
	a see seema a signi yee see	ره معنیت است به ربخه	Name	The same services to the second services of the second services of the second services of the second services of the second second services of the second se
STEWART, LARRY			Street Addre	ress (P.O. Box Number is Not Acceptable)
7891 NW 12 ST PEMBROKE PINES FL 33024				
			City	FL Zip Code
		or the purpose of changing its reg	istered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.	1 .		
SIGNATURE	dry UD. St	trant Lo	W Van	Stewart 1/20/03
	Signature, typed or primed name of registered agent	t and title if applicable. (NOTE: Re-	gistered Agent signature re	equired when reinstating) DATE
FILE NOW: FEE IS \$61.25 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State
10.	OFFICERS AND DI	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	PD Stewart, Larry	☐ Delete	TITLE	☐ Change ☐ Addition }
NAME STREET ADDRESS	7891 NW 12TH STRET		NAME STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	∑ Change ☐ Addition
NAME STREET ADDRESS	GIORDANO, PAUL 2200 PARK LANE #115		NAME STREET ADDRESS	SIGN Nove William Dr.
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP	2160 Nove Willage Dr. Davie FL. 33317
TITLE :	Dagger	Delete -	TITLE	☐ Change ☐ Addition
NAME	BENNETT, EDWARD	!	NAME OTOGET ADDRESS	5906 Faragut St.
STREET ADDRESS CITY-ST-ZIP	5906 FARRAYUT ST HOLLYWOOD FL 33021		STREET ADDRESS CITY-ST-ZIP	5 406 Partago. 27.
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAVEY, JOHN		NAME	
STREET ADDRESS CITY-ST-ZIP	1238 NW 125TH TERR		STREET ADDRESS CITY-ST-ZIP	
TITLE	SUNRISE FL STD	Delete	TITLE	∑ Change
NAME	STATLER, SCOTT	La Delete	NAME	_
STREET ADDRESS	6741 SW 27TH CT		STREET ADDRESS	12218 SW 52 PL.
CITY-ST-ZIP	MIRMAR FL	·	CITY-ST-ZIP	Cooper City FL. 33330
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	t	i	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filling 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:

651-5971