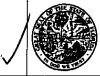
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 742768



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90055 029 ****61.25

1. Entity Nam		UM ASSOCIATION										
Principal Place of Business 109 KENT G WEST PALM BEACH FL 33417 US			Mailing Address 109 KENT G WEST PALM BEACH FL 33417 US				1 1 1 1 1 1 1 1 1 1	ira alah 18870 dalah	Mil Older Older Ald		II aug iu 19 8 8	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			Ì	4. FEI Number 59-1650830 Applied For Not Applied				plied For t Applicable	
Zip	Zip Country		Zip Co		ntry 5.					.75 Additional Required		
	6. Name ar	nd Address of Current R	legistered Agent				7. Name and Address of New Registered Agent					
-3	•			عنصنف	= Name =				رخصات داده میمانین		1.	_
DE ROSA, GAETANO 109 KENT G					Street Address (P.O. Box Number is Not Acceptable)							
W. PALM BOH FL 33417												
					City	F		FL	Zip Code			
B. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW: FEE IS \$61.25			9. Election Can Trust Fund C	_		\$5.00 May Be Make Check Added to Fees Florida Departm						
10.		OFFICERS AND DIRE	CTORS	11.		A	DDITIONS/CHANGI	ES TO OFFICER	S AND DIREC	TORS IN	10	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERBACH, 101 KENT G WEST PALM		☐ Delete	Delete TITLE NAM STRE			P. Change Addition DE ROSA GAETANO 109 KENT G. WEST PALM BEACH FL.33417					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SACHNOFF, 100 KENT G	HOWARD	□ Delete			TR.		IOWARD		Change	Addition CBS	}
NAME STREET ADDRESS CITY-ST-ZIP	SD - PUTZ, GISEL 106 KENT G WEST PALM		Delete			SD- PUT 10G-	E CISEL	LE BEAC	· · · · · · · · · · · · · · · · · · ·		Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DE ROSA, G 109 KENT G	ARTANO-	☐ Delete		ſ	V.P. Mcf	ARDLE 20 KENT G	OE		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS	MAL	P. OWISKI A ENT G. T-PAHY	BF		Change	☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP	perify that the la	formation expedied with the	Delete	CITY-	T ADORESS ST-ZIP			·	· ·	Change	Addition	

indicated on this report or supplemental report is true and account 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIREDS Alburo De Rosa 1-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF EXCINING OFFICER OR DIRECTOR

DESCRIPTION DE