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

FILED Apr 07, 2002 8:00 am

DOCU 1. Entity Nan	ne CHA	# 750 NTECLA MBER I	IR VILL	1	Secretary of State 04-07-2002 90085 036 ****61.25						
DO NOT WRITE IN THIS SPACE											
1770 PALMLAND DR 1				Mailing Address 177.0 PAMILAND DR. Suite, Apt. #, etc.			2,	DO NOT WRITE IN THIS SPACE			
City & Stat	YNTON	BEACII Country		ity & State OYNTON P		9CH intry	4. FEI Number 59-2			Applied For Not Applicable 8.75 Additional	
PL 3:	3436	41	FL	33436		15	5. Certificate of S		Fe	e Required	
						7. Name and Address of Current Registered Agent Name 72 72 74 78 14 (14)					
DO NOT MOTE						JUE BALDWIN					
DO NOT WRITE						Street Addr	ess (P.O. Box Number is	Not Acceptab	le)		
IN THIS SPACE						1746 PALMLAND DRIVE					
						City BOYNTON BEACH FL Zip Code 33436					
						30	YN/UN DE	40H	<u> </u>	33436	
8. The above named entity submits this statement for the purpose of changing its registere SIGNATURE TOE BALDWW SIGNATURE SIGNATU							quired when reinstating)		3/2	5/02	
FEE IS \$61.25 9. Election Campa Initial or Amended UBR Trust Fund Con							\$5.00 May Be Added to Fees		ake Check I Department	· .	
10.	3	OFFICERS A	ND DIRECTORS	S							
TITLE NAME	Tre	= RANA TIM	SAA!		TITLE		*				
STREET ADDRESS	174	PALME	AND.	DRIVE 2 33436	STRE	ET ADDRESS					
CITY-ST-ZIP	BOY	NTIN BE	DCH, F	Z 33436	CITY	ST-ZIP					
TITLE	11/				TITLE						
NAME	mic	HAEL	POE	_	NAMI	ľ	~				
STREET ADDRESS CITY-ST-ZIP	2740	H PHIMUM TON BEI	gN2) PR	こっしょり		ET ADDRESS -ST-ZIP					
TITLE	S	YUN DES	JUIT, FC	. 22726	TITLE						
NAME	1000	of TEC	CHO		NAMI		*				
STREET ADDRESS	1-750	TESS TOUBLE	AND-D	R		ET ADDRESS_		*NOT	WRIT		
CITY-ST-ZIP	13070	MON BEA	ett, FC	33436	CITY	ST-ZIP	<u> </u>	IVOI	AALZII	L	
TITLE	17				NAMI	1	IN "	THIS	SPAC	E	
NAME STREET ADDRESS	LOUIS TROCOLA 1732 PALMLAND DR.					ET ADDRESS	7.7				
CITY-ST-ZIP	BOYN	TON BEA	CH. FL	33436		ST-ZIP	*				
TITLE	כל		-		TITLE				ý.		
NAME	FRAI	UK CARI	ELLO		NAM						
STREET ADDRESS CITY-ST-ZIP	1748	PALMLA UTON BE	NU UK	1 22(12/		ET ADDRESS ST-ZIP	7				
TITLE	19091	UTUN DE	MCH, FO	. 32436	TITLE						
NAME	(NAME	1					
STREET ADDRESS	1	•				T AODRESS					
CITY-ST-ZIP	ļ				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:

561-737-7319