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

DOCUMENT # 766692

1. Entity Name



Jan 15, 2003 8:00 am § Secretary of State 01-15-2003 90191 005 ****61.25

FILED

INC.			
Principal Place of Business	Mailing Address		
4965 SABAL PALM BLVD TAMARAC FL 33319 US	4985 SABAL PALM BLVE TAMARAC FL 33319 US		
2. Principal Place of Business	3. Mailing Address	- 	

TAMARAC FL 33319 US TAMARAC FL 33319 US					 	(1 418 71 818 11 18 2 1	
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
		Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State		City & State		-	4. FEI Number 59-2261638	Applied For	
						Not Applicable	
Zip	Country	Zip Country		untry	5. Certificate of Status Desired See Requ	Additional quired	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LEW RICHARD FRADIN SIDNEY 4040 SABAL PALM BLOD 19710 STOBAL PALM BLUD SHEEDON SUITE 203 TAMARAC FL 33319			Name				
			Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
the obligations of	registered agent.	ant for the purpose of changing its	registere	ed office or regi	stered agent, or both, in the State of Florida. I am familiar wit	th, and accept	

FILE NOW: FEE IS \$61.25

(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

3	Trust Fund Contr			ribution. Added to Fees Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LICKER, HAROLD 4970 SABAL PALM BLVD. TAMARAC FL 33319	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREG	IDNEY AL PAHM BLUD	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURDMAN, MORTON 4965 SABAL PALM BLVD. TAMARAC FL-33319	□ Delete	TITLE NAME STREET ADDRESS CITY-STAZIR	ALLEN RI 4665 DAD	PAL PAUL BLVD		Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D BARBANELL, FATE 4970 SABAL PALM BLVD. TAMARAC FL 33319	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	FALDING 49755AF	GR, JAUL 11AL DALH BLI -, FLA. 78710	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLER, WERA 4940 SABAL PALM BLVD TAMARAC FL 33319	P Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARKOW 17 4960 24AA	2, HUMBL L'PALK BLUD FLA 37314	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W CRESTORIO (FLAGLO), STUDIO 14070-5ABAL RALMEDIAD 1AMARAC FL 33319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, . ,	,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, LAWRENCE 6095 SMILE PALM BLVD TAMARAC FL	5 € Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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: