2000 UNIFORM	BUSINESS REP	<u> </u>	<u> </u>
DOCUMENT # A	\9900000973		3.7
ALBAR FAMILY ENTERPRISES,	Ľπ.		FILED
			00 MAY 10 PM 4: 20
Principal Place of Business  C/O DR. ALAN I. MILLER	Mailing Address C/O DR, ALAN I. MILL	LER -	
7480 S.W. 15TH STREET PLANTATION FL 33317	7480 S.W. 15TH STREI PLANTATION FL 33317	ET	SECRETARY OF STATE TALL'AHASSEE, FLORIDA
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		
·		Covertne	65-0927092 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SINGER, BERNARD'A ESQ. 4925 SHERIDAN STREET, SUITE A		Name	7. Name and Address of New Registered Agent
		Street Addres	ss (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021		City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its		its registered office or regis	· · · · · · · · · · · · · · · · · · ·
2. Capital Contributions as Shown on record. \$2,000 A GENERAL F NOTE: General P	0,000.00 @Amount of Ca in FLORIDA to PARTNER THAT IS A BUSINESS I Partners MAY NOT be changed on	ENTITY MUST BE REG the form; an amendm	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE. Then the must be filed to change a general partner.
9. Capital Contributions as Shown on record.  A GENERAL F NOTE: General P.  12. GENER  DOCUMENT # P99000046969	O,000.00 Amount of Ca in FLORIDA to PARTNER THAT IS A BUSINESS Is PARTNER MAY NOT be changed on TAL PARTNER INFORMATION	apital Contributions	23,000 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.
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9. Capital Contributions as Shown on record.  A GENERAL F NOTE: General P.  12. GENER  DOCUMENT # SIMILLER MANAGEME 7480 S.W. 15TH STRI PLANTATION FL 3331  DOCUMENT # WAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #	PARTNER THAT IS A BUSINESS IN THE PARTNER INFORMATION  PARTNER THAT IS A BUSINESS IN THE PARTNER INFORMATION  ENT. INC.  EET.	apital Contributions o date.  ENTITY MUST BE REG the form; an amendm  13.  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION ISTERED AND ACTIVE WITH THIS OFFICE.  ADDRESS CHANGES ONLY  4000323034-9  -06/14/00-01117-004
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