## **FILED** Apr 23, 2003 8:00 am Secretary of State

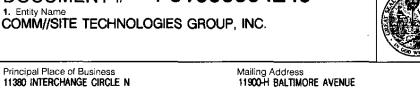
04-23-2003 90108 034 \*\*\*158.75

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F01000004249

1. Entity Name





MIRAMAR FL 33025 US 2. Principal Place of Business			BELTSVILLE MD 20705									
			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	<del></del>		City &	State			4. FEI Number 52-2205157			Applied For Not Applicable		
Zip Country			Zip	·			5. Certificate of Status Desired		\$8.75 Additional Fee Required			$\Big]$
	6. Name	and Address of Current	Registered	Agent			7. Na	ame and Address of New R	egistered A	gent		]
C T CORPORATION SYSTEM						Name Street Address (P.O. Box Number is Not Acceptable)						
1200 SOU			Stree	et Address (I	P.O. Bo:	x Number is Not Acceptable				}		
		- · · · · · · · · · · · · · · · · · · ·			City	City FL Zip Code					e	
		y submits this statement fo ered agent.	r the purpos	se of changing its r	egistered offic	e or register	ed ager	nt, or both, in the State of Flo	rida. Lam f	amiliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applica	able. (NOTE:	Registered Agent si	gnature required	when reins	istating)	DATE		<del></del>	
After	May. 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State					9. Election Campaign Fin. Trust Fund Contribution	~ ~		May Be I to Fees	
10.	,	OFFICERS AND	DIRECTORS	3	11.		ADD	ITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	]
NAME STREET ADDRESS	11900-H B	THOMAS P ALTIMORE AVENUE E MD 20705		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss				Change	☐ Addition	(00/01/ 1001
NAME STREET ADDRESS	11900-H B	OP, THOMAS R ALTIMORE AVENUE E MD 20705		☐ Delete	NAME STREET ADDRE CITY-ST-ZIP	ss				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		م د المغني سنده ادر	r _	Delete _	NAME STREET ADDRE	SS .	ω γ.	, Morando La Circulta de Servi	u	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS .				Change	Addition	

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 607, 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:

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