## **2003 FOR PROFIT CORPORATION**

UN	IIFORM BUSINE	SS REPOR	T (UBR)	Apr 20, 2003 6.00 am
1. Entity Nar	IMENT # F8972 TERPRISES, INC.	24		Secretary of State 04-28-2003 90161 033 ***150.00
S/O SHELLE 1700 N.W. 97 PLANTATION	7 AVENUE FL 33322	Mailing Address S/O SHELLEY EPSTEIN 1700 N.W. 97 AVENUE PLANTATION FL 33322		
2. Principal Place of Business 3. Mailing Address				I LORANDO PION HERRA ROLLA FRANCIS FLORE BERNE MINISTERIA BIRAN BERNE BERNE BERNE BERNE BERNE BERNE BERNE FRAN
11 کے ایا	pelley Epstein 20 NW 65th Ave Ste 4 autation, FL 33313-4500	Shelley Epstein 1520 NW 65th Ave S. Plantation; FL 3334	te 4	CHECK HERE IF MAKING CHANGES  4. FEI Number FO.200001 Applied For
Zip	Country	Zip	Country	59-2898891   Applied Follows   Not Applicable    5. Certificate of Status Desired   \$8.75 Additional
nu , unu manan na sasa	~ ~ 6:-Name and Address of Current	Registered Agent ***		Fee Required  7. Name and Address of New Registered Agent
EPSTEIN, SHELLEY B.  1700 N.W. 97 AVENUE PLANTATION FL 33322  City				Shelley Epstein. 1520 NW 65th Are Ste 4 Plantation, FL 33313-4500:  FL Zip Code
8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  #FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EPSTEIN, SHELLEY B. 1700 NW 97 AVE. PLANTATION FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelker Equation    Shelker Equation
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EPSTEIN, STUART A. 1700 NW 97 AVE. PLANTATION FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART A. EPSTEIN VS Change Addition 1520 N.W. 65 AVE, STE. 4 PLANTATION FL 33313-4500
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	Charige 7 € Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	± <sup>1</sup>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the cor	on this report of supplemental report is:	true and accurate and that my vered to execute this report a	v sinnature shall bave t	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**