

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

5/:

05-03-2004 90699 001 \*\*\*150.00

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

DOCUMENT # <b>F91520</b>			
1. Entity Name <b>Stuart Lipinsky CPA, PA</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>520 NW 165 St Rd</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33169</b>	Country	Zip	Country
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <b>59-2208201</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name <b>Stuart Lipinsky CPA</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>520 NW 165 St Rd</b>	
		City <b>Miami</b>	FL <b>33169</b>
6. 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$450.00 Amended UBR is \$91.25 Make Check Payable to Florida Department of State		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Stuart Lipinsky 520 NW 165 St Rd Miami</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date <b>4/30/04</b> Daytime Phone # <b>305-945-8900</b>	

CR2E034B (12/02)