

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91652 048 ****61.25

DOCUMENT # F96000002907

1. Entity Name

FLI, INC.

Principal Place of Business

Mailing Address

1013 LUCERNE AVENUE
 SUITE 1
 LAKE WORTH FL 33460

1013 LUCERNE AVENUE
 SUITE 1
 LAKE WORTH FL 33460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0694625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired []

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTH HARRIS-SHAW
 75 N.E. 6TH AVE #114
 DELRAY BEACH FL 33483

Name *Ruth Harris-Shaw*

Street Address (P.O. Box Number is Not Acceptable)

1013 Lucerne Avenue

Suite 1

City *Lake Worth*

FL

33460

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.

SIGNATURE

Ruth Harris-Shaw

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME ED
 STREET ADDRESS HARRIS-SHAW, RUTH
 CITY-ST-ZIP 1013 LUCERNE AVE STE 1 LAKE WORTH FL 33460

TITLE Change Addition
 NAME *Sec/Treasurer*
 STREET ADDRESS *Lori Miranda*
 CITY-ST-ZIP *81 maplecrest circle, Jupiter, FL 33458*

TITLE Delete
 NAME ~~HOUSHOLDER; GRACE W~~
 STREET ADDRESS ~~816 MOTT ST~~
 CITY-ST-ZIP ~~KENDALLVILLE IN 46755~~

TITLE Change Addition
 NAME ~~D~~
 STREET ADDRESS ~~Law Smith~~
 CITY-ST-ZIP ~~5225 Pooks Hill Road Bethesda, MD 20814~~

TITLE Delete
 NAME PD
 STREET ADDRESS RUBIN, MURRAY
 CITY-ST-ZIP PO BOX 30469 LOS ANGELES CA 90034

TITLE Change Addition
 NAME D
 STREET ADDRESS Robert Delmontique
 CITY-ST-ZIP 23000 Friar Street Woodland Hills, CA 91360

TITLE Delete
 NAME D
 STREET ADDRESS GAZZARA, ELKE
 CITY-ST-ZIP 1080 MADISON AVE NEW NY 10068

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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 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:

Marko Miodosred

4/15/02

561-585-7771

Date

Daytime Phone #

CR2E037 (9/01)