## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2002 8:00 am Secretary of State

DOGUMENT # F 9800000 1561			02-07-2002 90008 021 ***150.00		
THE FAWNRIDG	e group I	NC.			
DO NOT WRIT	E IN THIS SE	ACE			
2. Principal Place of Business	3. Mailing Address	A Marine Con de Contraction			
Suite, Apt. #, etc.  Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State BOCA RATON FI	City & State  BOCA RA	City & State  BOCA RATON FL		3122	Applied For Not Applicable
Zip 33498 Country	Zip 33448	Zip Country Country		rn \$8.7	75 Additional Required
		Tr. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and Address of Current ARD GINSB		ent
DO NOT N	"只要人"。此时是他们就一样的概念	250 550	O. Box Number is Not Acceptate	ole)	<del></del>
IN THIS S	PACE				
			CA RATON		33448
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	ent and title if applicable. (NOTE	: Registered Agent signature required v	when reinstating)	DATE	
Tax filling requirement and elects to do so.  After May 1, Fe Amended UB		ay 1 Fee is \$150.00 1, Fee is \$550.00 I UBR is \$61.25 le to Department of State	10. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees
11. OFFICERS A	ND DIRECTORS	A MINISTRATE AND		The state of the s	
NAME STREET ADDRESS CITY-ST-ZIP TOCA RATON PL 33498 CITY-ST-ZIP					34B (12/0
TLE MME KARCH GINSBURG TREETADDRESS 11161 SANDYSHELL WAY TY-ST-ZIP BOCA ILATON FL 33488		TITE: NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP	7	TITLE  NAME  STREET ADDRESS  CITY_ST_ZIP	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY ST-ZEP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY ST 249			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employered.  SIGNATURE:					
SIGNATURE AND TYPED	R PENTED NAME OF BIGNING OFFICER O	OR DIRECTOR	Date	Dayome	