2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 03, 2003 8:00 am Secretary of State

				ni (UDA)	- Secre		
1. Entity N	UMENT # ISON & MAGIDS	<b>G3625</b> BON, P.A.	66			93 90136 036 **	
800 BRICK 904 Miami FL ; US	33131 Place of Business	25	Mailing Address 800 BRICKELL AVE 904 MIAMI FL 33131 US 3. Magna Address	40045			
Suite, Ar		GHZ AV	Sulte, Apt. #, etc.	KRD75	CHECK HERE II	E MAKING CHANGE	
City& St.	ale STEM	> FL	City & State STE	AN F.	4. FEI Number 59-2290008		Applied For
! Zin	230 Coun	131	39030	Country	Certificate of Status Desired	□ \$8.75 A	
	6. Name and Ad	ress of Current Re	gistered Agent		7. Name and Address of New Re	Fee Requi	7 <del>9</del> 0
ARRAMO	SON, JOHN M.			Name			
	CKELL AVE	•		Street Addre	ess (P.O. Box Number is Not Acceptable)		
#904		•		<del></del>			
MIAMI F	L 33131			<u>.</u>			
!a				City	-	FL Zip Co	
	e named entity submits	this statement for the	8-Durnose of changing it	s registered office or regi	istered agent, or both, in the State of Florid	de l'ambanii u	200 2000
the obliga	tions of registers		an posse of challighing it		present agent, or polit, in the State of Florid	Ja. Tamilamilar with	. ano accent
-	ations of recipional age	) n x/		<b> </b>	Stereo agent, or both, in the State of Florid	Ja. Tem familiar with	. and accept
the obligation		) July	260			Ja. Tam ramular with	, апо ассерт
SIGNATURE	Signature, typed or printed ne	Ortugistered egent and ti	260	TE: Registered Agent signature req		DATE	. and accept
SIGNATURE F		S \$150.08	ite if applicable. (NOI			DATE	May Be
SIGNATURE  F  Afte  Make Check  10.	Signature, typed or printed ne FILE NOW!!! Free or May 1, 2003 Fee k Payable to Florida	S \$150.08	ate (NO)		9. Election Campaign Finan Trust Fund Contribution.	DATE  DECING \$5.0	00 May Be
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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 changed, or on an attachment with an address, with a other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DERECTOR

27 Fel. 03

440C

Mytime Phone 6