## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2002 8:00 am Secretary of State

Daytime Press.

| SCANTURE  1. This above named entity substants this statement for the perpose of changing as registered acting or   | DOCL                   | JMENT # 668 27                          |                               | 05-14-2002 90276 026 ***158.75   |   |                            |  |  |
|---|------------------------|---|-------------------------------|--|---|----------------------------|--|--|
| DO NOT WRITE IN THIS SPACE  2. Description of Baselines  2. Description of Baselines  South, Any x oc.  Suite Any x oc.  Suit  |                        |   | APIONE Dee                    | TALO ANT   |   |                            |  |  |
| DO NOT WRITE IN THIS SPACE  2. Principle for the finances 1/9 5 FEDERAL PLLY 2. Settle Age 7 or.  Sett  | ŧ                      |   |                               |  |   |                            |  |  |
| 2. Principal Princip or Businesses  I D S ERERRAL HALY  Substitute  Coty & Sizon  DANIA  FL  County  3 3004  C  | AND                    | COUNTRY STORE.                          |                               |  |   |                            |  |  |
| ADD   SECRETAL PLUY   Sales Apr. F.C.   South   |                        | DO NOT WRITE                            | IN THIS SI                    | PACE   |   |                            |  |  |
| DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  The above named entry submers his subment for the perpose of changing as regulated efficiency in regulation of the perpose of changing as regulated efficiency in regulated and permitted and the state of the perpose of changing as regulated efficiency in regulated and permitted and the state of the perpose of changing as regulated efficiency in regulated and permitted and permit  | 128 5                  | FEPERAL HWY                             | 128 S FEDE                    | 128 S FEPERAL HWY  |   | DO NOT WRITE IN THIS SPACE |  |  |
| The chown remark entry submissible submiss  | DANIA, FL. Zip Country |   | DANIA, FL                     |  | 5'  | 59-236 43/7 Not Applicable |  |  |
| DO NOT WRITE IN THIS SPACE    Street Audies   Fig.   Dear Number is Not Acceptable   Street   Dear Not International Number is Not Acceptable   Street   Dear Not International Number is Not Acceptable   Dear Not International Number is Not Internation  | 5:                     | 3004 0814                               | 33004                         | レスサ  |   | Fe                         | e Required   |  |
| IN THIS SPACE    Since Actions For Do Seak Number is for Acceptable   Table STOCKALL HUMP   |                        |   |                               |  |   |                            | gent   |  |
| B. The above named entity submiss this statement for the purpose of changing its registered affice or registered agent, or both, in this State of Florida.  SIGNATURE  SPECIAL States are a constructed in the statement of the purpose of changing its registered affice or registered agent, or both, in this State of Florida.  SIGNATURE  SPECIAL States are a constructed in the statement of state or based, and a construction of the statement of state or based, or satisfy as himmighine and statement of the statement of state or based, or satisfy as himmighine and statement of the statement of state or based, or satisfy as himmighine and statement of state or based, or satisfy as himmighine and statement of state or based, or satisfy as himmighine and statement of state or based, or satisfy as himmighine and statement of state or based, or satisfy as himmighine and statement of state or based, or satisfy as himmighine and statement or state or based, or satisfy as himmighine and statement or state or based, or satisfy as himmighine and statement or statement or state or based, or satisfy as himmighine and statement or statement  |                        |   | <del></del>                   | Street Addre   | ss (P.O. Box Number is N<br><b>S</b> 、 <i>FEDERAL</i> | ot Acceptable)             | Zin Code   |  |
| SIGNATURE    Auditor, fised or pleasurement relapsearch process relapsearch (see depoted as a little)   Auditor (see depoted as a little)   | 8. The above           | named entity submits this statement for | the purpose of changing its r | constored office or reci   | N 174   | FL                         | 33004  |  |
| 9. Tris corporation is eligible to satisfy as intengible Installing requirement and elects to 6 so. After May 1. Fee is \$150.00  After May 1. Fee is \$10.00  After May 1. Fee is |                        |   |                               | !<br>#   |   | ·•                         |  |  |
| THE MANE SHEET ADDRESS CITY-ST-ZP  TITLE  MANE SHEET ADDRESS CITY-ST-ZP  TITLE  TOTAL  THE MANE SHEET ADDRESS CITY-ST-ZP  THE CONTROLL OF THE MANE SH  | Lax tiling r           | requirement and elects to do so.        | After May 1 Amended           | , Fee is \$550.00<br>UBR is \$61.25  | Trust Fun   | Campaign Financing         |  |  |
| NAME SIRET ADDRESS CITY-ST-2P  THE NAME SIRET ADDRE  |                        |   | RECTORS                       |  | ***************************************               |                            |  |  |
| STREET ADDRESS CHY-ST-JP DANIA, FL 32004 THE NAME SINGE ADDRESS CHY-ST-JP THE NAME SINGE ADDRESS CH  | NAME.                  | Man Par USEL                            |                               | 1 1  |   |                            | (5)  |  |
| ITHE NAME SHAFT ADDRESS CITY-ST-7P CITY-ST-7  | STREET ADDRESS         | 128 S FEDERAL H                         | 17<br>4                       | STREET ADDRESS   |   |                            | CR2E034B (12/01)   |  |
| SIRET ADDRESS CITY-ST-7P CITY STREET ADDRESS CITY-ST-7P  | f                      |   |                               | TITLE  | <del> </del>  |                            |  |  |
| NAME SIRELADORSS CITY-ST-ZIP DO NOT WRITE  THE NAME SIRELADORSS CITY-ST-ZIP THE NAME IN THIS SPACE SIRELADORSS CITY-ST-ZIP THE NAME   | STREET ADDRESS         | ,                                       | . '                           | STREET ADDRESS   |   |                            | O. C.  |  |
| SIRET ADDRESS CITY-ST-7/P  STRET ADDRESS CITY-ST-7/P  TITLE NAME SIRET  |                        |   |                               | TILE   |   |                            |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-  | STREET ADDRESS         | · STI                                   |                               | STREET ADDRESS   | DO NOT WRITE  |                            |  |  |
| STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS   | ī                      | 1                                       |                               | TITLE  |   |                            |  |  |
| CHY-ST-ZIP  FILE RAME STREET ADDRESS CHY-ST-ZIP  THE NAME STREET ADDRESS CHY-ST-ZIP  THE NAME SHREET ADDRESS CHY-ST-ZIP  THE NAME SHREET ADDRESS CHY-ST-ZIP  THE NAME SHREET ADDRESS CHY-ST-ZIP  THE NAME STREET ADDRESS CHY-ST-ZIP  THE NAME STREET ADDRESS CHY-ST-ZIP  Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an altrachment with an address with all other like empowered.  |                        | ,                                       |                               | ·  | [[A].]  | MIS SPACE                  | =  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  DITTE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an altrachment with an address with all other like empowered.   | CHY-ST-Z#              | ,                                       |                               | i I  |   |                            |  |  |
| STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP  NAME.  NAME.  NAME.  NAME.  NAME.  STREET ADDRESS CHY-ST-ZIP  NAME.  STREET ADDRESS CHY-ST-ZIP  13. 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 of the corporation or the receiver or trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.   |                        | •                                       |                               | DILE   |   |                            |  |  |
| CITY-ST-ZIP  DIFF NAME. STREET ADDRESS CITY-ST-ZIP  13. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an arrow of the corporation of the corporation of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an   |                        |   | i                             |  |   |                            |  |  |
| NAME.  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an all contents of the corporation of the exemption of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an  | CHY-SI-ZIP             |   |                               | 1 7 1  |   |                            |  |  |
| STREET ADDRESS  CITY-ST-ZIP  13. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an   | 1                      |   |                               |  |   |                            |  |  |
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| SIGNATURE: MONUME Uchell 4/26/02  |                        | 1/1/2011                                | wereu: 1                      | e exemption stated in S<br>signature shall have the<br>sirequired by Chapter ( |   | was my hamo dispedis in a  | at the information<br>officer or director<br>llock 11 or on an |  |