


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

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90438 020 \*\*\*150.00

DOCUMENT # 1. Entity Name <i>695371</i> <i>MOUNTAIN LION OF Ft. Lauderdale Inc</i>	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business Suite, Apt. #, etc. <i>2260 SE 17th St.</i>	3. Mailing Address Suite, Apt. #, etc. <i>2260 SE 17th St</i>
City & State <i>Fort Lauderdale FL.</i>	City & State <i>Ft Lauderdale FL</i>
Zip <i>33316</i>	Country <i>FLORIDA</i>
Zip <i>33316</i>	Country <i>FLORIDA</i>

40074981

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <i>Dorothy M Koppel</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>2201 S.E. 18th St #211</i>	
	City <i>Ft. Lauderdale FL</i>	Zip Code <i>33316</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dorothy M Koppel* *Dorothy M Koppel* DATE *4/28/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>D/P</i> <i>Dorothy M Koppel</i> <i>2260 S.E. 17th St.</i> <i>Fort Lauderdale FL 33316</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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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 the receiver 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: *Dorothy M Koppel* *Dorothy M Koppel* *D/P* *4/28/05* *954-763-8446*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)