2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G96514



FILED Feb 19, 2003 8:00 am Secretary of State

CARY R	ASSOCIATES, P.A			02-19-2003 90017 023 ***150.00				
Principal Place of Business : 1900 SUNSET HARBOUR DRIVE SUITE 2 MIAMI BEACH FL 33139 US 2. Principal Place of Business		Mailing Address 1900 SUNSET HARBOUR DRIVE SUITE 2 MIAMI BEACH FL 33139 US						
		3. Mailing Address	3		İ	. 1 marrier ansis saure atient eries silbit eses prosi erest esesti esesti esesti esesti esesti (44)		
Suite, Ap	<u> </u>	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2398787 Applied For			
Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired \$8.75 Additional		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OLIOOKO	AFE (ALD)			Name		The registered Agent		
SHOOKOFF, CARY R PRES. 1900 SUNSET HARBOUR DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 2	HOCI HANDOUN DRIVE			-				
MIAMI BEACH FL 33139				City				
8. The above	e named entity submits this statement	for the purpose of chang	ing its register	1 '	stered ac	Gent, or both, in the State of Florida. I am familiar with, and accep		
5.7				•		o accep		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when r	reinstating) DATE		
Afte	FILE NOW!!! FER IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department)				9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.		AL	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	PH.D SHOOKOFF, CARY R PRES. 1900 SUNSET HARBOUR DRIVE MIAMI BEACH FL 33139	Delete	NAME STREE		-	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		1		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		☐ 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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

M REQUIRED R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-15-03

674-0055