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

## H03998 DOCUMENT #

1. Entity Name



## Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90128 049 \*\*\*150.00 **FILED**

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Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Assistance   \$8.75	City & State				City & State				_			I A	Applied For	]
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BOCA RATON FL 33431  City FL Zip Code  8. The shown named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida. I am familiar with and accept the obligations of registered agent, or both, in the State of Riorida.  State I am with a state of Riorida agent age			m 1 544											┪
Experiment of the purpose of changing its registered define or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.    SIGNATURE														$\dashv$
B. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with "and accept the obligations of registered agent.  SIGNATURE  DATE  PAGGET OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME SIRETA ADDRESS  CITY-S1-2P  BOCA RATON FL 33431  CITY-S1-2P  CITY-S1-2P  TITLE  NAME SIRETA ADDRESS  CITY-S1-2P  CITY-S1-2P  TITLE  NAME SIRETA ADDRESS  CITY-S1-2P  CITY-S1-2P  TITLE  NAME SIRETA ADDRESS  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  TITLE  NAME SIRETA ADDRESS  CITY-S1-2P  CITY-S1-2P  TITLE  NAME SIRETA ADDRESS  CITY-S1-2P	BOCA HA	ION FL 33	431								····			╛
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS	SIGNÍÄTUDE		And the second s	<del>-</del>		<del></del>				a, ustru <u>i ia</u>				
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		ertify that th	e information supplied with	n this filing	does not qualify for t			ed in Sec	tion 1	19.07(3)(i). Florida Statutes	I further ce	rtify 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #