DOCUN . Entity Name	MENT	FORM BUS # H1918 RANT CONCEPTS		ORT (UB	R)	F Jun 07, Secret 06-07-2001	ary of	8:0 f St	ate
16-211 ·			Mailing Address - 1515 S. FEDERAL HIGHW - 3TE: 211 - BOCA RATON FL 33432	AY -		r,			
Suite Apt. 4	ace of Busir	EZNER BL	VI. 3. Mailing Address SIJ SE, MIZ Suite, Apt. #2to8	NER BLU	<u>1)}-</u>		E IN THIS SPA	1) WIR)I WI N	
City & State ATON FL			BOCA RATO	IN FI		4. FEI Number 59-2457541 Applied For Not Applicab			
21/2 L7	20	Country	33430	Country		i. Certificate of Status Desired		.75 Add	ditional
<u></u>	6. Name	and Address of Curre	ent Registered Agent		7	. Name and Address of New Re	-		
MAX, DENNIS						X, DENNIS			
		RAL-HIGHWAY STE -	211	3trage A	Address (P.C	Max Himber ER Acogotable	1). 501	ΤE	208
BOCA	N RATON F	-L-33432 -							
				City O	C.A	RATON	FL	23304	132
The above i	named entit	v submits this statemen	t for the purpose of changing i			agent, or both, in the State of Flo	rida.		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered / P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)					550.00	10. Election Campaign Fina Trust Fund Contribution	~		0 May Be I to Fees
l		OFFICERS A		12.		ADDITIONS/CHANGES TO OFFI			
TLE AME TREET ADDRESS TY-ST-ZIP		INIS FEDERAL HIGHWAY TON FL-93432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAX	DENNIS MIZNER B	LVD. ST L 33	Change E 20 4 3 2	Addition
-	VPD		Delete	TITLE	JPD.	A	<u>ष</u>	Change	Addition
REET ADDRESS	-Max,-Pat -1515-SO- - Boca-Ra		STE 211	NAME STREET ADDRESS CITY - ST - ZIP	NAX 300	SE MIZNER A A RATON, F	SUVD-5 -L 33	TE 432	208
ME REET ADDRESS	5300 N.W	Rapoport, 2. 23rd Way Ton FL 33496	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		/		Change	Addition
'LE Mê Reet adoress	D DANIEL C 1540 LAT	ATALFUMO, HAM ROAD LM BEACH FL 33409	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
LE ME REET ADDRESS	WEGI FA		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Change	Addition
LE ME REET ADDRESS Y-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		C.] Change	Addition
 of the corr 	poration or th	he receiver or trustee er	with this filing does not qualify in the strue and accurate and that mpowered to execute this repo- ss, with all other like empowere	rt as required by Ch	ated in Section have the san apter 607, F	on 119.07(3)(i), Florida Statutes. I ne legal effect as if made under c lorida Statutes; and that my name	further certify ath; that I am a appears in Bl	that the ir an officer ock 11 of	nformation or director r Block 12 if