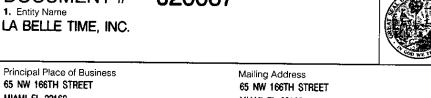
FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90058 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J20067 DOCUMENT #



				\	WE THE			
Principal Place of Business 65 NW 166TH STREET MIAMI FL 33169			Mailing Address 65 NW 166TH STREET MIAMI FL 33169		-			
							ii i a a i ai	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE	IF MAKING CHANGES	3
City & State			City & State			4. FEI Number 59-2592168	} 	pplied For
Zip	Country		ZipCountry			5. Certificate of Status Desired	\$8:75-Ad	Iditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
					Name			
LAUFER,		St	Street Address (P.O. Box Number is Not Acceptable)					
65 NW 166 ST Miami Fl 33169					9.1			
λ_{i}				Cir	•		FL Zip Coo	1
uie opiida	e named entity sub ations of registered	mits this statement for the agent.	e purpose of changing its re	egistered off	fice or register	ed agent, or both, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE		ted name of registered agent and ti	itle if applicable. (NOTE: F	Registered Agen	t signature required	when reinstating)	DATE	
		E IC 6150.00	· · · · · · · · · · · · · · · · · · ·			1		-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Fin		00 May Be
Make Check Payable to Florida Department of State						Trust Fund Contribution		d to Fees
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	VD		☐ Delete	TITLE			☐ Change	Addition
NAME	LAUFER, MENI			NAME			onling	7.00.000
STREET ADORESS	100111 011			STREET ADD				
CITY-ST-ZIP	MIAMI FL	***		CITY-ST-ZIF	Р			
TITLE NAME	V TADACKY ALA		☐ Delete	TITLE			☐ Change	☐ Addition
	TABASKY, ALAN 65 NW 166TH STREET			NAME STREET ADD	DECO			ı
-CITY-ST-ZIP	MIAMI FL-	= CITY-ST-ZIP-		· I				
TITLE	PD		☐ Delete	TITLE			Change	- Addition
NAME	LAUFER, FAIGY	1	- Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS	S 65 NW 166TH STREET			STREET ADDI	RESS			J
CITY-ST-ZIP	MIAMI FL	· .		CITY-ST-ZIP	·			
TITLE		 -	☐ Delete	TITLE			☐ Change	☐ Addition
NAME				NAME				
STREET ADDRESS				STREET ADDR	l l			
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDR	3599			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition