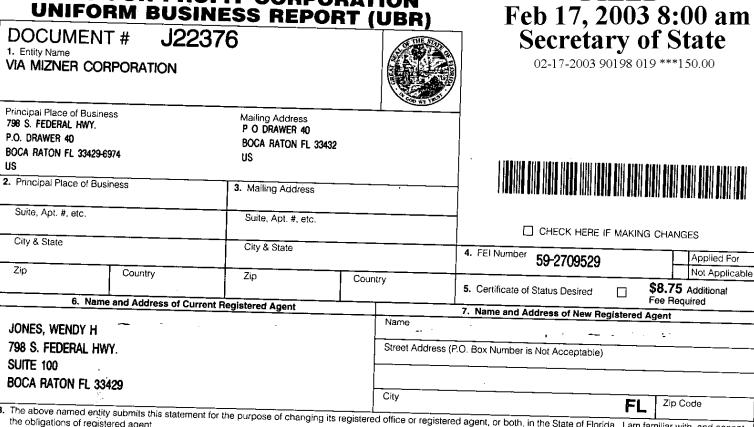
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

J22376 **DOCUMENT #**

1. Entity Name

HS

VIA MIZNER CORPORATION



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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable 40 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

DATE

FILED

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE ☐ Delete TITLE MAME JONES, WENDY H ☐ Change ☐ Addition NAME STREET ADDRESS 798 S FEDERAL HWY SUITE 100 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Thereby dentity that the mormation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fiorida Statutes. Further certify that the information 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

SIGNATURE: