## 2002 Uniform Business Report (UBR)

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Act Fee Require 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  LUMIA, FRAN 5410 TAYLOR ST.  HOLLYWOOD FL 33021  City FL Zip Coc  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  10. Election Campaign Financing \$5.00	oplied For on Applicable ditional d
Salio TAYLOR ST. HOLLYWOOD FL 33021  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State To Country Country Country Do Not Write In This Space  A. FEI Number 65-0008212 A.	oplied For ot Applicable ditional d
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  \$8,75 Ao Fee Require  6. Name and Address of Current Registered Agent  Name  LUMIA, FRAN  \$410 TAYLOR \$T.  HOLLYWOOD FL 33021  City  FL  Zip Cod  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.  SIGNATURE  Signature, typed or printed name of registered agent and other if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing  Trust Fund Contribution.  \$5,1  Adde  Change  NAME  LUMIA, NICHOLAS S	oplied For ot Applicable ditional d
City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  \$8.75 And Fee Require  6. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Cod  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  Delete  TITLE  PD  LUMIA, NICHOLAS S  A. FEI Number  65-0008212  A. FEI Number  65-000821  A. FEI Numbe	ot Applicable ditional d
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Ac Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  LUMIA, FRAN 5410 TAYLOR ST.  HOLLYWOOD FL 33021  City FL Zip Coc  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Delete  TITLE  PD  INME  LUMIA, NICHOLAS S    Name and Address of New Registered Agent   Name	ot Applicable ditional d
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LUMIA, FRAN 5410 TAYLOR ST. HOLLYWOOD FL 33021  City  FL Zip Cod  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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  \$5.1  Adde  11.	<b>0</b> May Be
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Cox  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.  SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   City   FL   Zip Cox  SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   City   FL   Zip Cox  SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   City   FL   DATE  9. This corporation is eligible to satisfy its Intangible   Tax filling requirement and elects to do so. (See criteria on back)   After May 1, 2002 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   Added the Change   Cha	<b>0</b> May Be
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13. 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 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 office of the corporation or the receiver or trusteeempoweged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 containing the changed, or on an attachment with an address with all other like empowered.	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001

Daytime Phone #