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

## **DOCUMENT # J99660**

1. Entity Name

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**FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90137 036 \*\*\*150.00

100 SE 20TH ST FT LAUDEROALE FL 33316  2. Principal Place of Business  Suite. Act #, etc.  Suite, Act #, etc.  Coy & State  Cov & State  Co		OO Of Projects					
Suite, Apt. 4, etc.    City & State	-						
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City & State  Country  Country  S. Certificate of Status Desired  S. Anne and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of Now Registered Agent  To Name and Address of Now	2. Principal	Place of Business	3. Mailing Address		1 1447110 4110 10110 10110 41111 0111 0		
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Per Per Required Agent   \$8.00 Address of Current Registered Agent   \$7. Name and Address of New Registered Agent   \$7. Name and Address	Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	·	☐ CHECK HERE IF MAKING CHANGES		
See Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  CARREIRO, WALTER A.  100 SE, 20TH ST  FT. LAUDERDALE FL 33316  City  City  FL	City & State		City & State		053070787		
CARREIRO, WALTER A. 100 S.E. 20TH ST FT. LAUDERDALE FL 33316  Simel Address (PO. Box Number is Not Acceptable)  City  FL   Zip Code  City  City  FL   Zip Code  City  FL   Zip Code  City  FL   Zip Code  City  City  City  City  City  City  City  City  Ci	Zip	Country .	Zip	Country	5 Certificate of Status Desired		
CARREIRO, WALTER A 100 S.E. 20TH ST FT. LAUDERDALE FL 33316  City FL Zip Code  City FL Zip Code  City PL Zip Code  City	<u> </u>	6. Name and Address of Curren	Registered Agent				
SCHELLANDERDALE FL 33316  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 the obligations of registered agent or prefer name or implained agent and the respectable.  SQUANTURE    Suppose   Part   Part   Part   Part   Part   Part   Part   Part	CARREID	O WALTED A		Name			
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 the obligations of registered agent.    Signature   Signature   Signature required when remarkatively   Date				Street Addre	ess (P.O. Box Number is Not Acceptable)		
8: The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Community   Commun	FT. LAUD	ERDALE FL 33316					
Sylinative Tile Addition Campaign Financing   Spice				1 -	FLI		
Signature, light of writted many of registated agend and tits if explicitable. (NOTE. Registrated Agend signatura required when remissaling)   DATE	8: The above the obligat	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accer		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	quired when reinstating) DATE		
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 11  ITILE OCARREIRO, WALTER A 1342 PONCE DE LEON DR. FT. LAUDERDALE FL  ITILE NAME STREET ADDRESS CITY-ST-2IP  ITILE NAME S	F	ILE NOW!!! FEE IS \$150.00		\$ <del></del>			
10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   CARREIRO, WALTER A   Delete   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP   Change   Addition    TITLE   NAME   NAME   STREET ADDRESS    STREET ADDRESS   CITY-ST-ZIP    TITLE   NAME   NAME   STREET ADDRESS    TITLE   NAME   NAME   NAME   STREET ADDRESS    TITLE   NAME   NAM	After	May 1, 2003 Fee will be \$550.00	401-4-				
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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:

954.728.878