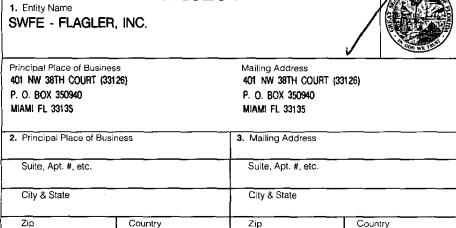
K20254

FILED May 02, 2003 8:00 am **Secretary of State**

05-02-2003 90355 001 *1.861.25

2003	FOR	PRO	FIT C	ORPORA'	LION
UNIFO	RM	BUSIN	IESS	REPORT	(UBR

DOCUMENT #



☐ CHECK HERE IF MAKING CHANGES

65-0069736 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAVENICK, FRED Street Address (P.O. Box Number is Not Acceptable) 401 N.W. 38TH CT MIAMI FL 33126

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.

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be

Zip Code

Applied For

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME AMDUR, ISABELLE NAME STREET ADDRESS 401 N.W. 38TH CT STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ■ Addition NAME HAVENICK, BARBARA NAME STREET ADDRESS 401 N.W. 38TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE **EPT** Detete TITLE ☐ Addition ☐ Change NAME HAVENICK, FRED NAME STREET ADDRESS 401 N.W. 38TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HECHT, FLORENCE NAME NAME STREET ADDRESS 401 N.W. 38TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and accurate and that my attendance 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 appears, with all other like empowered.

SIGNATURE: