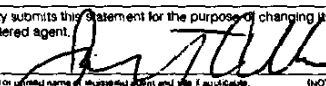
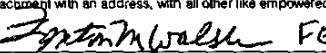


FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90142 037 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42345			
1. Entity Name THE UNIDENTICAL JAZZ TWINS INC.			
Principal Place of Business 4000 TOWERSIDE TERRACE 405 NORTH MIAMI, FL 33138 US		Mailing Address 4000 TOWERSIDE TERRACE 405 NORTH MIAMI, FL 33138 US	
2. Principal Place of Business 7411 MIAMI LAKES DRIVE Suite, Apt. #, etc.		3. Mailing Address 7411 MIAMI LAKES DRIVE Suite, Apt. #, etc.	
City & State MIAMI LAKES FL		City & State MIAMI LAKES FL	
Zip 33014		Country USA	
4. FEI Number 65-0084533		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALSH, FENTON 4000 TOWERSIDE TERRACE SUITE 405 NORTH MIAMI, FL 33138		7. Name and Address of New Registered Agent Name: JOHN T. CULLEN, CPA Street Address (P.O. Box Number is Not Acceptable): 7411 MIAMI LAKES DR. City: MIAMI LAKES FL Zip Code: 33014	
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:  DATE: 6/5/03 (NOTE: Registered Agent signature required when registering)			
FILE NOW!!!! FEE IS \$160.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: WALSH, FENTON STREET ADDRESS: 4000 TOWERSIDE TREEACE CITY-ST-ZIP: NORTH MIAMI, FL		TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 17021 NE 6 AVE CITY-ST-ZIP: NORTH MIAMI BEACH FL 33162	
TITLE: VD NAME: PARKER, DIANE STREET ADDRESS: 4000 TOWERSIDE TERRACE CITY-ST-ZIP: NORTH MIAMI, FL		TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 17021 NE 6 AVE CITY-ST-ZIP: NORTH MIAMI BEACH FL 33162	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: 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)(1), 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.			
SIGNATURE:  FENTON M. WALSH JUNE 5, 2003 305/438-1494 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2034 (10/02)