2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State

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Land State	1 '			•						
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	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8.8.75 Additional Fee Required 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 9. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Florida. 8. SIGNATURE 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 9. This corporation is eigible to satisfy its infangible Tax Address (P.O. Box Number is Not Acceptable) 10. Election Campaign Financing Tract Fund Contribution. 10. Election	City & Sta	te		City & State						
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CITY - ST - ZIP 13. 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 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 11 or Block 12 if changed, or on aryattachment with an address, with all other like empowered.	Tax filing ri (See criter 11. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	PTD WEING 3806 BOCA S WEING 3806 BOCA AS. FISHI	OFFICERS AND D OFFICERS AND D GOLD, JACK NW 65TH LAN RATON, FL 3 GOLD, SUE NW 65TH LAN RATON, FL 3	After MAY 1, 20 Make Check Payal IRECTORS Delete NE 33433 Delete M 5TE 1100 4115 Delete Delete	DO1 Fee ble to D 12. TITLE NAME STRE CITY	will be \$550.00 epartment of S E EET ADDRESS - ST - ZIP	tate Trust Fund Contribution.		Added t RECTORS Change Change Change Change Change	Addition Addition Addition Addition
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