2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002	2 UNII	FORM BUSIN	IESS REPO	RT	(UBR)		FILE	D 8.0	00 am	NOAROE
DOCUI 1. Entity Nam TROUBLE	ne		NICE	rodo			Apr 17, 200 Secretary	of S1	tate	\$ AV
MOODEL	D TEEN	5, 110. Jusav	n L Simi	n -	Inc		04-17-2002 90116 ()19 ****1;	50.00	
Principal Place of Business Mailing Address 12380 S.W. 82ND AVE. 12380 S.W. 82ND AVE. MIAMI FL 33156 MIAMI FL 33156										
2. Principal P	Place of Busin	ess	3. Mailing Address			- 4				
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS	SPACE		
City & State City & State							FEI Number 65-0116643	⊢	Applied For	
Zip		Country	Zip	Cour	ntry	5.	Certificate of Status Desired	\$8.75 A Fee Regui	dditional	
	6. Name	and Address of Current Re	gistered Agent			7. 1	Name and Address of New Registered			
:					Name	The Report		-		
SIMON, D		rc			Street Addres	ss (P.O. E	Box Number is Not Acceptable)	·		
12380 S.W. 82ND AVE. MIAMI FL 33156							=u ₁₀₀			
WINTER C	30130				City		FL	Zip Co	ode	
8. The above	named entit	y submits this statement for th	e purpose of changing its	register	ed office or regi:	stered ag	gent, or both, in the State of Florida.	<u>- </u>		
			•							
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOT	E: Registere	ed Agent signature req	uired when r	einstating) DATE			
		ible to satisfy its Intangible and elects to do so.	FILE NOW!			10	Election Campaign Financing Trust Fund Contribution.		00 May Be	
	ria on back)		Make Check Payat				Trust Fund Contribution.	_ A00	ed to rees	
11.		OFFICERS AND DIF	RECTORS	12.		ΑC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTO		_
TITLE	D Simon, S	LICAM	☐ Delete	TITL	l l			☐ Change	Addition	9/01
NAME STREET ADDRESS CITY-ST-ZIP		/ 82ND AVE			EET ADDRESS 7-ST-ZIP					CR2E034 (9/01)
TITLE	VP VP		☐ Delete	TITL				☐ Change	Addition	CR2
NAME	SIMON, D	AVID		NAM	1				_	
STREET ADORESS	12380 SW	/ 82 AVE		ll l	EET ADDRESS					
CITY-ST-ZIP	MIAMI FL				(-ST-ZIP				□ Add@as	
NAME			☐ Delete	TITL NAM	l l			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		ক্ষুদ্ধ কিছেও জেগাল গৈ	eg alas ages tica	STR	EET ADDRESS 7-ST-ZIP		<u> </u>			
TITLE			☐ Delete	TITL	E		····	☐ Change	☐ Addition	
NAME				NAM	AE					
STREET ADDRESS CITY-ST-ZIP				ll l	EET ADDRESS /-ST-ZIP					
TITLE			Delete	TITL				☐ Change	☐ Addition	
NAME			□ Delete	NAM	l l			onlings		
STREET ADDRESS				ll l	EET ADDRESS					
CITY-ST-ZIP				}}	/-ST-ZIP		AMANT SV.	☐ Change	☐ Addition	
TITLE NAME			☐ Delete	TITL NAM	l l			ш спанув	☐ Madilloii	
STREET ADDRESS				ll l	EET ADDRESS					
CITY-ST-ZIP					/-ST-ZIP					
13. I hereby of indicated of the corchanged,	certify that the lon this reporporation or the condition or the condition or the condition of the condition	e information supplied with thing tor supplemental report is trunce receiver or trustee empowe achment with an address, with	s filing does not qualify for the and accurate and that the ered to execute this report that all piner like empowered	r the exe my signa : as requ ·	mption stated in iture shall have t ired by Chapter	n Section the same 607, Flor	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears	rtify that the am an offici in Block 11	e information er or director or Block 12 if	