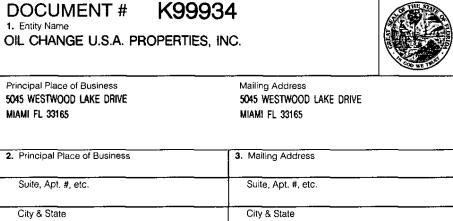
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90035 031 ***150.00



MIAMI FL 3311	65	!	MIAMI FL 33165								
2. Principal Place of Business			3. Mailing Address							ALA 1811 IS I 1811	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State			City & State		4.	65-0170532			oplied For		
Zip Country			Zip Count		try	5.	5. Certificate of Status Desired S8.75 Add Fee Require		litional		
6. Name and Address of Current Registered Agent						7.	Name and Address of New F	Registered	Agent		
				-	Name					-	
WHELAN, JAMES F.					Street Address (P.O. Box Number is Not Acceptable)						
5045 WES	TWOOD LAKE DR	IVE			0.0007.007.000			., 			
Miami Fl	33165									,	
	•				City			FI	Zip Code	3	
	named entity submit		purpose of changing its	registere	ed office or regist	tered aç	gent, or both, in the State of Fk	orida. I am	n familiar with,	and accept	
SIGNATURE .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
IGNATURE .	Signature, typed or printed of	name of registered agent and titl	e if applicable. (NOTE	: Registered	d Agent signature requir	red when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fin Trust Fund Contribution	-		0 May Be I to Fees	
0.		OFFICERS AND DIRE	ECTORS	11.	·	Α[DDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11	
ITLE	PTD	1.127	☐ Delete	TITLE					☐ Change	☐ Addition	
AME "	WHELAN, JAMES			NAM	J						
TREET AODRESS ITY-ST-ZIP	5045 WESTWOOL MIAMI FL	D LAKE DR.	·		ET ADDRESS -ST-ZIP						
ITLE	VSD		☐ Delete	TITLE					☐ Change	Addition	
AME	SLATER, A. J., II			NAM	<u> </u>		,				
	550 BILTMORE W				ET ADDRESS						
ITY-ST-ZIP	CORAL GABLES	<u> </u>		-	-ST-ZIP				Change	Addition	
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THE PROPERTY				SINC	- 1 / 10 0 11 12 33		•				

12. I hereby certify that the information supplied with this filling 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 receive for 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: