954-779-38W)

Daytime Phone #

5-22-01

NAME STREET ADDRESS OCTY-ST-2P TITLE MGRM HOUSTON, BART A 316 NE 4TH ST FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33401 FT LAUDERDALE FL 33	200	1 UNIFORM BUS	INESS REPO	RT (UBR)	<u>)                                    </u>				Š
Pincipal Place of Business  See Fought 51  Fit LALDERDALE R. 33001  2. Pincipal Place of Business  Suita, Apr. 4: dec.  Suita, Apr. 4: dec.  City 6 State  City 5 State  City 6 State  City 7 State and Address of Current Registered Agent  State Apoliticities  State Apoliticities  State Address of State Desired  State Address of State Desired  State Address of New Registered Agent  State Address (PO Box Number is Not Acceptable)  State Address (PO Box Number is No						FILED			
Principal Place of Business 316 NE FOURTH ST 317 LAUDERDALE FL 33301  2. Principal Place of Business Suite, Apr. 8, etc.  City & State			) <u> </u>			. 0114	VOL DUID	• •	•
### Applied For Do Not Writte N THIS SPACE  2. Principal Place of Business  3. Mailing Address  Suite, Apt. # etc.  City & State  City & State		The same of the sa		•		UIMA	1724 PM12:	36	
2. Principal Pages of Business  Suite. April #, etc.  Suite. April #, etc.  City & State  City & Sta	316 NE FOURTH ST 316 NE FOURTH ST			, , , , , , , , , , , , , , , , , , ,		SECRE TALLA!	ETARY OF STA HASSEE. FLOR	TE IDA	
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City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named writer submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering and the "abold to "POTE Registering Agent or printed name of registering agent of the "abold to "POTE Registering Agent or Potential registering agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering and the "abold to "POTE Registering Agent or product registering agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering and the "abold to "POTE Registering Agent of the registering agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering and the "abold to "POTE Registering Agent of the registering agent of the registering agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering agent who registering  SIGNATURE  SYMME, hyper or printed name of registering agent who registering agent, or both, in the State of Florida.  SIGNATURE  SYMME, hyper or printed name of registering agent who registering agent agent of Florida.  SIGNATURE  SIGNATURE  SIGNA	Principal Place of Business     3. Mailing Address						// WOULE BUILD     WID	45	
Scharland   Status Desired   Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent   SHAHADY, THOMAS R ESO   HOUSTON & SHAHADY PA   316 Ne 4TH ST   FT LAUDERDALE FL 33301   SIGNATURE   Signature, hybrid or prised name of registered agent and the "register to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent and the "register to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent and the "register to the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  Signature, hybrid or prised name of registered agent, or both, in the State of Florida.  Signature, hybrid or pr	City & State		City & State		4. FEIN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			]
SHAHADY, THOMAS R ESO HOUSTON & SHAHADY PA 316 NE 4TH ST FT LAUDERDALE FL 33301  Gity  FL  City  FL  Zip Code  City  FL  Zip C	Zip	Country	Zip	Country	5. Certif	ficate of Status Desired	S5.00 Ad Fee Require	ditional ed	
SHAHADY, THOMAS R ESO HOUSTON & SHAHADY PA 316 NE 4TH ST FT LAUDERDALE FL 33301  City FL Zip Code  8. The above name's writely submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  WARRY SIGNATURE  SIGNATURE  MARK SHAHADY, THOMAS R  SIGNATURE  MANAGING MEMBERS/MEMBERS  IN ADDITIONS/CHANGES  FILE NOW!!! FEE IS \$50.00  ***Hake Check Payable to Department of State  SIREH ADDRESS  FT LAUDERDALE FL 33301  INTE MARK SIREH ADDRESS  TO Change Addition  MARK HOUSTON, BART A  SIREH ADDRESS  THE LAUDERDALE FL 33301  INTE MARK HOUSTON, BART A  SIREH ADDRESS  THE LAUDERDALE FL 33301  INTE MARK HOUSTON, BART A  SIREH ADDRESS  SIREH ADDRESS  CITY-ST-2P  WEST PALM BEACH FL 33401  CITY-ST-2P  MARK MARK MARK MARK MARK MARK MARK MAR		6." Name and Address of Curren	t Registered Agent	Name	- 7. Name	and Address of New Re	gistered Agent		}
316 NE 4TH ST FT LAUDERDALE FL 33301  City FL Zip Code  8. The above named wijith submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATUR	•				ess (P.O. Box N	umber is Not Acceptable)			-
B. The above named white submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE									$\dashv$
B. The above named writish submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.    Signature   Sig				City			<b>₽</b>	le	-
SIGNATURE Signature. Types or prised rearne of registered agent and the "laceted" is (INOTE Registered Agent signature required are no registering)  FILE NOW!!! FEE IS \$50.00    Marke Check Payable to Department of State		· · · · · · · · · · · · · · · · · · ·			F <b>L</b>				
PILE NOW!!! FEE IS \$50.00    Make Check Payable to Department of State	8. The above	named entity submits this statement f	or the purpose of changing its	registered office or reg	istered agent, o	or both, in the State of Flore	ida.		
FILE NOW!!! FEE IS \$50.00    Make Check Payable to Department of State	SIGNATURE	Circulate broad or related associations of contributed	and title "Propint do ANOTE	Decistered Agent pignature	aritrad whom rejected		DATE		
9. MANAGING MEMBERS   10. ADDITIONS/CHANGES   TITLE   MIGRM   SHAHADY, THOMAS R   SIREET ADDRESS   SITTEE   MIGRM   Delete   MITTLE   HOUSTON, BART A   STREET ADDRESS   SIREET ADDRESS   TITLE   HOUSTON, BART A   STREET ADDRESS   SIREET ADDRESS   TITLE   HOCHBERG, ROBERT   Gold No LUVE AVE   SIREET ADDRESS   SIR		Signature, typed or printed name or registered agen			<u></u> ,		DATE	·	1
MCRM   SHAHADY, THOMAS R   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   CTTY-ST-ZIP   C	-,-					<del></del> -	حمد جنوبي ي د	-	
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CITY-ST-ZIP CITY-ST-ZIP									
11. I hereby certify that the information supplied with this filing does not a fallify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	CITY-ST-ZIP	,					•		
	11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	h this filing does not qualify for that my signature shall have the	the exemption stated in a same legal effect as	n Section 119.0 s if made under	07(3)(i), Florida Statutes. I f oath; that I am a managir	urther certify that the in	nformation er of the	