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CA RATON		BOCA RATON FL 33496			NA FINAL LINGS
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address			
		Suite, Apt. #, etc.		\square check here if making changes 518	
City & Stat	te	City & State	· • • • • • • • • • • • • • • • • • • •		blied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required	
/ /*_1/100	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent	1
'KURSTIN, GARY A 7917 GLEN NEVIS TERRACE BOCA RATON FL 33496			Street Addres	ss (P.O. Box Number is Not Acceptable)	
	τ. τ		City	FL Zip Code	
The above	e named entity sybmits this statemer	nt for the purpose of changing i		stered agent, or both, in the State of Florida. I am familiar with, a	
the obligat	tions of registered agent.	7-7-7			
and a	MANUN CES	TO TOSTIT	-		
	Signatury, typed or printed name of registered a	ARV KURSFIN agent and title if applicable. (No	OTE: Registered Agent signature req	ulred when reinstating) DATE	
GNATURE	Signature, typed or frinted name of registered a	FILE	NOW !!! FEE IS \$50.0	0	
SNATURE	Signature, typed or frinted name of registered a	FILE I Make Check Paya		0	
<u>(2</u> :	MANAGING ME	FILE I Make Check Paya D MBERS/MANAGERS	NOW!!! FEE IS \$50.0 ble to Florida Departi ue By May 1, 2003	ADDITIONS/CHANGES	
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