9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 12. MAKE 13. MIANT 15. STREET ADDRESS 15. OFFICERS AND DIRECTORS IN 11 15. Election Campaign Financing 15. Change Addition 15. Change Addition 15. Change Addition 15. Change Addition 15. STREET ADDRESS 15. OFFICERS AND DIRECTORS IN 11 15. Election Campaign Financing 15. Change Addition 15. Change	DOCUI	MENT # L1472 visotsky, pa		RT (UBI	Apr 27, 2001 08:00 AM Secretary of State
Suite. Apt. 6, otc.    Suite. Apt. 6, otc.   Suite. Apt. 6, otc.   DO NOT WRITE IN THIS SPACE   Applied For 65-014433-4   No. Applied For 65-01443-4   No. Applied For 65-0	C/O STEVEN W 3050 JEFFERS MIAMI	VISOTSKY ON ST.	C/O STEVEN WISOTSKY 3050 JEFFERSON ST. MIAMI	FL	
City & State	2. Principal P	lace of Business	3. Mailing Address	•	-
### Country   Zip   Country   5. Certificate of Status Dealer   58.75 Additional Fee Regulator   58	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name WISOTSKY, STEVEN Save JEPPERSON ST.  MIAMI JI.  S1813  8. The above named entry submits this statement for the purpose of changing its registered discoor registered agent, or both, in the State of Florida.  8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  8. The above named entry submits this intengible in satisfy its intendication of satisfies in the satisfies of satisfies its intendication in satisfies in the sa	City & State	е	City & State		
S. Name and Address of New Registered Agent  Name  WISOTISKY, STEVEN P.A.  WISOTISKY, STEVEN P.A.  Sizes Address (P.O.) Ex Number is Not Acceptable)  JOS JETPERSON ST.  Sizes Address (P.O.) Ex Number is Not Acceptable)  JOS JETPERSON ST.  City  C	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
SIGNATURE  PIL  SIGNATURE  STEVEN NAME  OFFICERS AND DIRECTORS  TIL  WISOTSKY, STEVEN, P.A.  SERIE ADDRESS  OFFICERS AND DIRECTORS  TIL  WISOTSKY, STEVEN, P.A.  OFFICERS AND DIRECTORS IN TIL  COPY-ST-2P  TILE  ORDER  TIL  OFFICERS AND DIRECTORS  TIL  WISOTSKY, STEVEN, P.A.  SHEET ADDRESS  OTY-ST-2P  TIL  OFFICERS AND DIRECTORS  TIL  WISOTSKY, STEVEN, P.A.  SHEET ADDRESS  OTY-ST-2P  TIL  OFFICERS AND DIRECTORS  TIL  WISOTSKY, STEVEN, P.A.  SHEET ADDRESS  OTY-ST-2P  TIL  OFFICERS AND DIRECTORS IN TIL  CHANGE  OFFICERS  OTY-ST-2P  TIL  OTY-ST-2P  TIL  OTY-ST-2P		6. Name and Address of Curre	nt Registered Agent		
SIGNATURE STEVEN WISOTSKY Spreaken Reade or preservance of early its interactions or registered agent, or both, in the State of Florida.  SIGNATURE STEVEN WISOTSKY Spreaken Reade or preservance of egistered discrete of the reactions.  (NOTE Registered Agent, or both, in the State of Florida.  (NOTE Registered Agent, or both, in the State of Florida.  (NOTE Registered Agent, or both, in the State of Florida.  (NOTE Registered Agent, or both, in the State of Florida.  (NOTE Registered Agent, or both, in the State of Florida.  (NOTE Registered Agent, or spreads then restative)  9. This corporation is eligible to satisfy its Intangable Task filing requirement and elects to do so.  (See otheria on back)  10. Election Campaign Financing Truss Fund Contribution.  25.00 May Be Added to Fees  11. OFFICERS AND DIRECTORS IN 11  TIME  DP  WISOTSKY, STEVEN  WISOTSKY, STEVEN  WISOTSKY, STEVEN, P.A.  STREET ADDRESS  STREET ADDR	3050 JEFFE		· ·	WISOTS Street A	Address (P.O. Box Number is Not Acceptable)
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  STEVEN WISOTSKY  Spream, hard or piece frame of registered agent are the purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so. (See criteria on back)  10. THE NOWIII FEE IS \$150.00  11. OFFICERS AND DIRECTORS 11.  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. OFFICERS AND DIRECTORS 13. SIREFAUDRESS 30. SIREFAU			rL .		
TITLE DP   Delete   TITLE   DP   MISOTSKY, STEVEN   MIAMI   FL   STEET ADDRESS   STEET ADDRESS	Tax filing r (See criter	Signature, typed or printed name of registered agoration is eligible to satisfy its Intangil equirement and elects to do so. ia on back)	ole FILE NOW!!  After MAY 1, 200  Make Check Payabi	! FEE IS \$150.	DATE  10. Election Campaign Financing \$5.00 May Be
WISOTSKY, STEVEN SIRET ADDRESS	11.				
STREET ADDRESS CITY-ST-ZIP TITLE MANAE STREET ADDRESS CIT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WISOTSKY, STEVEN 3050 JEFFERSON ST.	_	NAME STREET ADDRESS	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 an attachment with an address, with all other like empowered.  SIGNATURE:  Steven Wisotsky  DP 04/27/2001	title Name Street address City-St-Zip		☐ Delete	NAME STREET ADDRESS	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylune Phone #	of the cor changed,	or this report of supplemental report portation or the receiver of trustee en or on an attachment with an addres	ris true and accurate and that m powered to execute this report a s, with all other like empowered.	y signature shall h as required by Cha	have the same legal effect as if made under oath; that I am an officer or director napter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if  DP 04/27/2001

Daytime Phone #

Date