. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

DOCUMENT # L45289 1. Entity Name E. C. SAMUEL, INC.							04-07-2003 90	117 006 ***:	150.00	
NE. C. SAM 1735 LAKESI	ce of Business IUEL HORE CIRCLE DALE FL 33326	•	Mailing Address %E. C. SAMUEL 1735 LAKESHORE CIRCLE FT. LAUDERDALE FL 33326							
2. Principal	Place of Busin	958	3. Mailing Address			- - 1 HADELOTT O.	4 100° 304 4 150; 40° 4 2°	AIAIT BIBIT BERTI GIDU	Elaht álán real	
Suite, Apt	l. #, etc.	<u></u>	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite		City & State			4. FEI Number 65-0167058 Applied Fo				7
Zip	Zip Country		Zip Coun		try			\$8.75 Ad	3.75 Additional e Required	
<u></u> _	6. Name	and Address of Current	legistered Agent			7. Name and Address of New Registered Agent				
				بحصد جاء م	Name ECSAMUEL					
SAMUEL, E. C.					Street Address (P.O. Box Number is	Not Acceptable)			┪
	KESHORE CI		`		Street Address (P.O. Box Number is Not Acceptable)					4
FT. LAUDERDALE FL 33326			. ,		was/a	a		33	326	_
•					City	•		FL Zip Cod	e]
8. The above	named entity	submits this statement to	r the purpose of changin	g its registere	d office or register	red agent, or both, in	the State of Florida. 1	am familiar with,	and accept	1
the obligations of registered agent.										
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00										
Afte	r May 1, 200	3 Fee will be \$550.00					n Campaign Financing and Contribution.		O May Be I to Fees	
Make Chec	k Payable to	Florida Department of							ı	_
10.	PTD	OFFICERS AND		11.		ADDITIONS/CHA	NGES TO OFFICERS			1 2
TITLE NAME	SAMUEL 1	E. C.	Delete	TITLE				Change	Addition	0,0
STREET ADDRESS	1735 LAKE	SHORE CIRCLE			ET ADDRESS	•				3
CITY-ST-ZIP	FT. LAUDE	RUALE FL			ST-ZIP					CR2E034 (10/02)
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
CICHATURE RECUIRED 2-C D 4/2, 1/2										
SIGNATURE: SIGNATURE REQUIRED 2 412(1)										