Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MA NAGER, OR AUTHORIZED REPRESENTATIVE

FILE N( W!!! FEE IS \$50.00  Make Check Pa able to Department of State    SIME   MANAGING MEMBERS   10.   ADDITIONS/CHANGES   Addition		<del></del>								
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FORT LAUDERDALE FL 33001  2. Principal Pigro of Business  3. Mailing Address  City 4 State  City 4 S							SECRETARY OF STATE TALLAHASSEE. FLORIDA			
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Suite, Apt #, etc.    Suite, Apt #, etc.   DO NOT WHITE IN THIS SPACE	2 Principal Place of Business 2 Mailing Address					_		4831 <b>4811 8</b> 111 1111 1111 1111 1111 1111 1111		
City & State  City & State  City & State  City & State  Country  Zp  Country  Sp. C							•			
ZO Country ZO Country S. Certificate of Status Desired S. S. 00 Applicable  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Power Registered Agent 7. Name and Address of New Registered Agent Power Registered	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  CARADONNA, ALFIE 138 ROVAL PALM DRIVE FORT LAUDERDALE FL. 33301  City FL. Zip Code  6. The above named entity submits this statement for the purpose of changing its egistered disce or registered agent, or both, in the State of Florida.  SIGNATURE  City FL. Zip Code  6. The above named entity submits this statement for the purpose of changing its egistered disce or registered agent, or both, in the State of Florida.  SIGNATURE  City FLL IV WI!! FEE IS \$50.00 Make Check Pa able to Department of State  8. MANACING MEMBERS // MANA	City & State City & State						65-0955965			
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CARADONNA, ALFE 139 ROYAL PALM DRIVE FORT LAUDERDALE FL 33301  City FL Zip Code  Cit		6. Name and Address of Currer	t Registered Agent	-						
Signature   Sign	CARADONNA ALFIE					. <u>—</u> .				
City FL Zip Code  8. The above named entity submits this statement for the ourpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed to primed name of registered agent and tire if application.					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature typind for printid frame of registered agent and test application.   (NOT)   Registered Agent algorithm required when reinfatting)   DATE	FORT LAUDERDALE FL 33301									
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