الم المحالة

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBRY

## FILED May 27, 2002 8:00 am Secretary of State

4/26/02 581-8368

		05-27-2002 90444 007 ***	150.00
DOCUMENT # MO2257  1. Entity Name	<b>V</b>		
SPITZER, SCHWARTZ + OTEY,	P.A.		
DO NOT WRITE IN THIS SPA	ACE		
Principal Place of Business     3. Mailing Address			
Suite, Apt. #, etc. Suite. Apt. #. etc.		DO NOT WRITE IN THIS SPACE	
City & State		4. FEI Number Applied For	
Zip Country Zip	ountry Zip Country		Applicable tional
3331 /-1831 US		Certificate of Status Desired	
And the state of t	EANNIE W OTEN	•	
DU NUI VVRITE Street Ardress (		P.C. Box Mumber is Not Acceptable)	
IN THIS SPACE			
	City PLA	MTATION FL 333%	7-1831
8. The above named entity submits this statement for the purpose of changing its region.	gistered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE		. ,	
January 4 - May	egistered Agent signature required	twhen (uinstating) - DATE	
9. This corporation is eligible to satisfy its intangible  Tax filling requirement and elects to do so.  (See criteria on back)  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State		Trust Fund Contribution. Added t	May Be to Fees
11. OFFICERS AND DIRECTORS	4.1		
NAME OTEY, JEANNIE W.	TITLE NAME		(12/01)
CITY-ST-ZEP 6148 POSE TERR, PLANTATION, FL	STREET ADDRESS CITY-STRZIP		348 (
INLE S 3357	TITLE		CR2E034B
STREEL ADDRESS 1946 FUNCTION ST #3	NAME STREET ADDRESS		ठ
CITY-ST-ZIP HOLLYWOOD, PL 33020	CITY- ST- ZIP		
NAME	TITLE <u>«NAME in the same deputies in the same depute depu</u>	<u>Takang manggapan ng Matangga</u> na mining mga mga ng	-
STREET ADDRESS CITY-ST-ZIP	STREET:ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME	TITLE NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS: City-St-Zep		
TITLE NAME	TIFLE NAME		
STREET ADDRESS	.STREET-ADDRESS		
TITLE	CITY-ST-ZÍP		
NAME OTHER TANDERS	NAME	The second of th	Marangji ayari ya ta
STREET ADDRESS CITY ST-ZIP	STREET AODRESS ! CITY+ST-ZIP		
13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my soff the corporation or the receiver or trustee empowered to execute this report as attachment with an address, with all other like empowered.	Jonature shall have the s	same lensi effect as if made under nath: that I am an officer or	e dispetor
SIGNATURED ROBINS)(1) (Itali	JEANNIE W	OLEA HIJIPIN EDIO	3108

FFICER OR DIRECTOR