

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90294 035 ***150.00

DOCUMENT # *m 27215*



DO NOT WRITE IN THIS SPACE

94055266

2. Principal Place of Business
801 SW 138 Ave
Suite, Apt. #, etc. *E 412*
City & State *Pembroke Pines*
Zip *3327* Country *FLORIDA*

3. Mailing Address
801 SW 138 Ave
Suite, Apt. #, etc. *E 412*
City & State *Pembroke Pines*
Zip *3327* Country *FLORIDA*

4. FEI Number *59-2690049*
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>IRENE UNGER</i> <i>801 SW 138 Ave E 412</i> <i>Pembroke Pines FL 33027</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>RIKI G. ROTENSTEIN</i> <i>801 SW 138 Ave E 412</i> <i>Pembroke Pines FL 33027</i>
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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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 954 4373224
Date Daytime Phone #

CFR2034B (12/02)