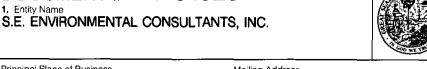
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

M64926 DOCUMENT #

1. Entity Name



Principal Place of Business % HERBERT J. BAUCH 7060 TAFT STREET HOLLYWOOD FL 33024

Mailing Address % HERBERT J. BAUCH 7060 TAFT STREET HOLLYWOOD FL 33024

Principal Place of Business		3. Mailing Address		
Suite, Apt. #, et	lc.	Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

**FILED** Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90218 043 \*\*\*150.00



	Fee Required				
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent				
DATION LICENSTAL	Name				
BAUCH, HERBERT J. 7060 TAFT STREET HOLLYWOOD FL 33024	Street Address (P.O. Box Number is Not Acceptable)				
	City FL Zip Code				

٠.	1110 00000	named entry oddining the statement for the purpose of	rianging to registered embe or registered agent, or	both, in the otate of Florida.	, and talling	man, and accep
	the obligat	ions of registered agent.				
	)					
SI	GNATURE .	<u> </u>			<del></del> _	
		Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinvesting			

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE ☐ Defete TITLE BAUCH, JOAN P. NAME NAME 2150 NW 98TH TERRACE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP D۷ ☐ Delete TITLE Change ☐ Addition BAUCH, HERBERT J. NAME NAME 2150 NW 98TH TERRACE STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 of trustee expowered 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.

SIGNATURE: