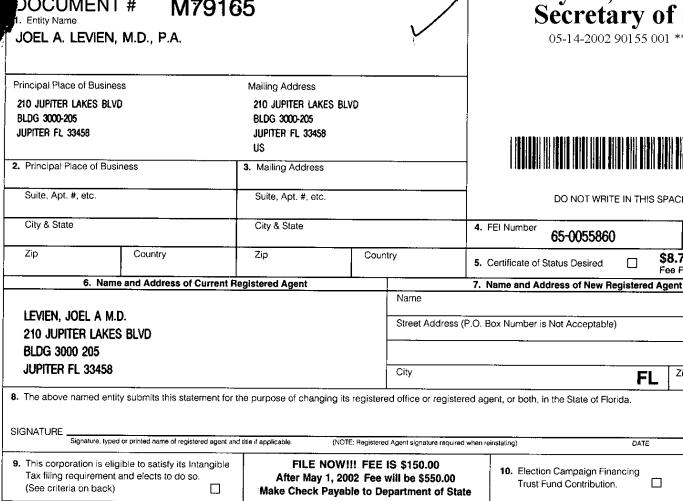
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M79165

**FILED** May 14, 2002 8:00 am Secretary of State

05-14-2002 90155 001 \*\*\*300 00





DO NOT WRITE IN THIS SPACE

	•	¢9.75	6 -1-01-1 1		
	65-0055860		Not Applicable		
oer	CE COEECCO		Applied For		

\$8.75 Additional Fee Required

١	name		
ľ	Street Address (P.O. Box Number is Not Acceptable)		
ŀ			
L			
İ	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.											
SIGNATURE .	Signature, typed or printed name of registered agent and til	le if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund (	mpaign Financing Contribution.		0 May Be to Fees				
11.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTORS	S IN 11				
TITLE NAME Street address City-St-Zip	PST LEVIEN, JOEL A 2141 ALT A1A SOUTH, SUITE 130 JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.,		☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
TITLE NAME		☐ Delete	TITLE NAME		,,,, <u>-</u>	☐ Change	☐ Addition				

13. 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 supplier ental 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 11 or Block 12 if of the corporation or the changed, or on an attack address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition