2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M81776 **DOCUMENT #**

1. Entity Name



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90093 026 ***150.00

	RODUCTS, INC.					/						
Principal Place of Business 2750 W OAKLAND PK BLVD # 101 FORT LAUDERDALE FL 33311 US 2. Principal Place of Business		2750 # 101 FORT US	Mailing Address 2750 W OAKLAND PK BLVD # 101 FORT LAUDERDALE FL 33311 US 3. Mailing Address			20016425						
z. Filicipari	-iace of business	3. Mai	ning Address									
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				□ сн	ECK HERE	IF MAKIN	G CHANG	ES	
City & State		City & State			4. FEI Number 65-0063370					Applied For Not Applicable		
Zip	Country	Zip	نى ب	Count	ry	5. Cer	tificate of Statu	s Desired		\$8.75 Fee Req	Addit	
	6. Name and Address of Curre	nt Register	ed Agent			7. Nan	ne and Addres	s of New F	egistered			
	<i>3</i>			`	Name							
SARGIOTI	·			ļ	Street Address	(P.O. Box	Number is Not	Acceptable	 2)			
	AKLAND PK BLVD			ł								,
# 101	JDERDALE FL 33311				0:	· 				1 _	<u> </u>	
FORT LAU	IDERUALE FL 33311				City				F	Zip (Code	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	registere	d office or registe	ered agent	, or both, in the	State of Fk	orida. Lam	familiar w	ith, ar	nd accept
trie obligat	tions of registered agent.											
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if and	blicable. (NOTE	E: Registered	Agent signature require	ed when reinsta	ating)		DATE			
					3g	•=						
-	HE NOWIH EEE IC 6150.00				-	1						
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department						9. Election C. Trust Fund	ampaign Fit Contributio	-			May Be o Fees
Afte	r May 1, 2003 Fee will be \$550.0	of State	RS	11.		ADDIT		Contributio	n.	□ Ac	ided t	o Fees
Afte Make Check 10.	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN	of State	RS Delete	TITLE		ADDIT	Trust Fund	Contributio	n.	□ Ac	ORS	o Fees
Afte Make Check 10. TITLE	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL	of State		TITLE NAME		ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS	o Fees
Afte Make Check 10.	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State		TITLE NAME STREE		ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS	o Fees
Afte Make Check 10. TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL	of State		TITLE NAME STREE	T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS ge	o Fees
Afte Make Checl 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME	T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS ge	o Fees
Afte Make Check 10. 11ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE	T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS ge	o Fees
Afte Make Checi 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS ge	o Fees IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT	ORS ge	o Fees
Afte Make Checi 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS ge	o Fees IN 11 Addition Addition
Afte Make Checl 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS ge	o Fees IN 11 Addition Addition
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD. #	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS of the order o	o Fees IN 11 Addition Addition
Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS of the order o	o Fees IN 11 Addition Addition
Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS of the order o	o Fees IN 11 Addition Addition
Afte Make Checl 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY CITY	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS gge	o Fees IN 11 Addition Addition Addition
Afte Make Checi 10. 110. 1111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete	TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan	ORS gge	o Fees IN 11 Addition Addition
Afte Make Checl 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS gge	o Fees IN 11 Addition Addition Addition
Afte Make Check 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE CITY-: TITLE NAME STREE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS gge	o Fees IN 11 Addition Addition Addition
Afte Make Checi 10. 110. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS de la companya de	o Fees IN 11 Addition Addition Addition
Afte Make Checi 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS de la companya de	o Fees N 11 Addition Addition Addition
Afte Make Checi 10. 11ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE WAME	r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department OFFICERS AN D SARGIOTTO, SAL 2750 W OAKLAND PK BLVD # FORT LAUDERDALE FL 33311	of State	Delete Delete Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ADDIT	Trust Fund	Contributio	n.	D DIRECT Chan Chan Chan Chan	ORS de la companya de	o Fees N 11 Addition Addition Addition

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 Block 11 if changed, or on an attachment with an afforess, with all other like empowered.

SIGNATURE:

1-20-03 Date

Daytime Phone #