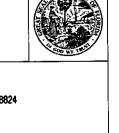
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M89826 DOCUMENT

1. Entity Name

REBECCO, INC.

SIGNATURE:



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90834 019 ***150.00

Principal Place of Business 9728 W SAMPLE RD CORAL SPRINGS FL 33065 US		P.O. BOX 8824 CORAL SPRINGS FL 33075-8824 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0060565 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
PINCHEVSKY, DAVID C 9728 W SAMPLE ROAD			Name Street Add	ddress (P.O. Box Number is Not Acceptable)	
CORAL SP	Prings FL-33065		City	FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	ts registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NC	OTE: Registered Agent signature	ure required when reinstating) DATE	
F	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	The second secon	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, REBECCA 3351 NW 53RD CIRCLE BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, HOWARD 3351 NW 53RD CIRCLE BOCA RATON FL	□ 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 STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
12. I hereby indicated of the co		rt is true and accurate and that moowered to execute this repo	at my signature snail na ort as required by Chap	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	