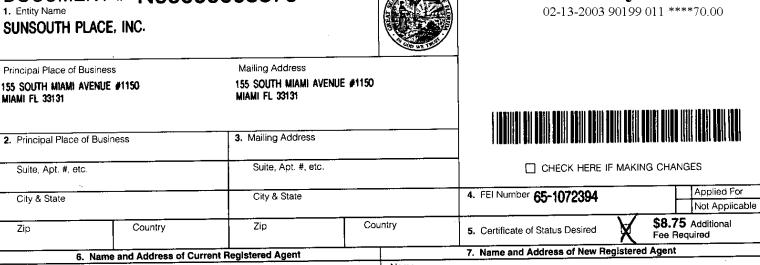
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005370

1. Entity Name



BARCUS BAREUS, MARIA P 155 SOUTH MIAMI AVENUE **SUITE 1150**

7. Name and Address of New Registered Agent							
Name		•					
Street Address (P.C). Box Number is No	t Acceptable)					
City		<u>-</u>	FL	Zip Code			
***************************************		a State of Flor		<u> </u>	ccent		

FILED

Feb 13, 2003 8:00 am Secretary of State

MIAMI FL 33131			City		FL Zip Code		
the obligati	named entity submits this statement for the purposions of registered agent.	,	gistered office or regi	stered agent, or both, in the	e State of Florida. I am fam		nd accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if appli	icable. (NOTE: R	egistered Agent signature req	uired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANG		GES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUICK, LINDA 6363 TAPT STREET STE 200 HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	CD JACKSON, FREDERICK 1 ALHAMBRA PLAZA 8TH FLR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD— CASALE, FRANKLYN 16400 NW 32 AVENUE MIAMI FL 33054	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMON GONZALO- DE, RADON— 701 BRICKELL AVENUE MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARCUS, MARIA P 155 S MIAMI AVENUE STE 1150 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition

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 trustoe empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an active s, with all other like empowered.

SIGNATURE

(- 28- 03 □ate □ Daytime Phone #