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786-553-6647

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 14, 2002 8:00 am DOCUMENT # N01000004764 **Secretary of State** 01-31-2002 90010 013 \*\*\*\*61.25 SLOAN, LEWIN AND CASH, INC. Principal Place of Business Mailing Address 20001 NW 14 AVENUE 20001 NW 14 AVENUE MIAMI FL 33169 MIÂMI FL 33169 3. Mailing Address 2. Principa Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 65-1120557 Not Applicable \$8.75 Additional Zip Zip, Country Country 5. Certificate of Status Desired - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIN. AUSTIN A 395 NW 177 STREET APT.# 137 City Zip Code **MIAMI FL 33169** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/Q) PRESIDENT Addition ☐ Change TITLE ☐ Delete TITLE STEVE R. HOOKER SK. NAME NAME 20001 NW **CR2E037** STREET ADDRESS 14 AVENUE STREET ADDRESS elari, Florida 33169 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS. SILVER SPRINGS HO. 20910 CITY-ST-ZIP CITY-ST-ZIP CHIEF FINANCIAN Officer Delete TITLE TITLE NAME NAME . A #137 D 177 STREET # , Florida 33169 STREET ADDRESS STREET ADDRESS Mismi CITY-ST-7/P CITY-ST-ZIP Addition TITLE TITLE ☐ Delete GEORGEHE BENON NAME 1911 E.W. Huy # 304 NAME STREET ADDRESS STREET ADDRESS , MA. 20910 SILVER SPRING CITY-ST- 7IP CiTY-ST-ZIP Addition VOCAL ☐ Delete TITLE TITLE CARL O. CASH NAME NAME 1911 E.W. Huy STREET ADDRESS STREET ADDRESS 20910 CITY-ST-ZIP CITY-ST-ZIP VOCAL Addition ☐ Delete TITLE TITLE NAME NAME 604 STREET ADDRESS STREET ADDRESS 20910 Spring CITY-ST-ZIP CITY-ST-ZIP 3,6082 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 trustee 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 address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE: