2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003
Secretary of State

DOCUMENT# N01000004764

Entity Name: SLOAN, LEWIN AND CASH, INC.

Current Principal Place of Business:

20001 NW 14 AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20001 NW 14 AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-1120559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIN, AUSTIN A
395 NW 177 STREET
APT.# 137
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HOOKER, STEVE R SR	
Address:	20001 NW 14 AVENUE	
City-St-Zip:	MIAMI, FL 33169	
Title:	VD	( ) Delete
Name:	LEWIN, GREGORY	
Address:	1911 E.W. HWY #304	
City-St-Zip:	SILVER SPRING, MD 20910	
Title:	CFOD	( ) Delete
Name:	LEWIN, AUSTIO A	
Address:	395 NW 177 STREET #137	
City-St-Zip:	MIAMI, FL 33169	
Title:	VT	( ) Delete
Name:	BENARD, GEORGEHE	
Address:	1911 E.W. HWY #304	
City-St-Zip:	SILVER SPRING, MD 20910	
Title:	VT	( ) Delete
Name:	CASH, CARL D	
Address:	1911 E.W. HWY #304	
City-St-Zip:	SILVER SPRING, MD 20910	
Title:	VT	( ) Delete
Name:	SLOAN, GOY R	
Address:	1911 E.W. HWY #304	
City-St-Zip:	SILVER SPRING, MD 20910	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE R. HOOKER SR. PD 02/03/2003

Electronic Signature of Signing Officer or Director — Date