2/4

FILED Mar 14, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1. Entity Nan	MENT # NO10000 htt corp.	Secretary of State 02-04-2002 90042 032 ****61.25							
Principal Place of Business Mailing Address Hagi N.W. 4TH STREET 11491 N.W. 4TH STREET PLANTATION FL 33325 PLANTATION FL 33325					_				
EGMINION I		POWINION PE SSOES			1 10001101 201 40	197 (1814 8816) 887(1 88	ili êdika karin ortus biasa i	1811 1811 1891	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, eţc.			DO NOT WRITE IN THIS SPACE				
City & Sta	le	City & State			4. FEI Number			oplied For]
Zip Country		Zip C		untry	5. Certificate of Status Desired \$8.75		□ \$8.75 Ad	ot Applicable ditional	1
·-·	6. Name and Address of Current I	Posintered Apent	L	r	7. Name and Add		Fee Hequire	nd	ł
	b. Name and Audress of Current i	nagialered Agent		Name	7. Natte and Add	1622 OI HAM LAR	+		١
FILINGS, INC.				Street Addres	ddress (P.O. Box Number is Not Acceptable)				
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132									1
				City			FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regis	tered agent, or both, in	the state of Florid	ā.		
SIGNATURE									
O'GITIN O'IL	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature requ	kred when reinstating)	•	DATE		
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Con					\$5.00 May Be Added to Fees		Check Payable partment of State		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	110	
TITLE	D CADOV	☐ Delete	THTL			•	☐ Change	☐ Addition	(10/0/
NAME STREET ADDRESS	KRAVIT, GARRY		NAM	E ET ADDRESS					
CITY-ST-ZIP	PLANTATION FL 33325			-ST-ZIP					2F037
TITLE	D	☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition	8
NAME	KRAVIT, KAREN 11491 N.W. 4TH STREET		NAM					}	
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL 33325			ET ADDRESS - ST-ZIP					1
TITLE	0	Delete .	TITU		A 20		☐ Change	☐ Addition	ĺ
NAME	KORIS, CAROL		NAM				<u> </u>		
CITY-ST-ZIP	11491.N.W. 4TH STREET PLANTATION FL 33325	,		ET ADDRESS - ST-ZIP					ĺ
TITLE		Delete	TITLE				☐ Change	Addition	i
NAME		_ Dorote	NAM					_	
STREET ADDRESS CITY-ST-ZIP	and the second			ET ADORESS -ST-ZIP			1		
	<u>`</u>	Delete	TITLE				☐ Change	☐ Addition	
TITLE NAME		CT Deléts	NAM				, Grange	المالمية ال	l Í
STREET ADDRESS				ET ADDRESS				}	ı
CITY-ST-ZIP		para .		-ST-ZIP					ı
TI7LE NAME		☐ Delete	TITLE NAMI				☐ Change	Addition {	l
STREET ADDRESS		No.		ET ADDRESS	×				
CITY-\$T-ZIP	, <u> </u>		<u></u>	-ST-ZIP	11	*			
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee empore	this filing does not qualify for true and accurate and that r wered to execute this report	r the exer ny signat as requir	mption stated in ture shall have the ted by Chapter 6	Section 119.07(3)(i), Flo e same legal effect as il i17, Florida Statutes; and	rida Statutes. I fur f made under oath d that my name ap	ther certify that the in that I am an officer opears in Block 10 or	nformation or director Block 11 if	