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

SIGNATURE:

| 1. Entity Nan | ne | # NO2000 MILITANT, INC. | CORPORATION: O3 AUG 15 PM 12: 01 | | | | | | | |
|---|---|---|---|---|--|--|--|---|----------------------------|-------------------|
| | 1 | | • | l. | 100 | | 400 10 T | 1112.01 | | |
| Principal Plac | e of Business | 3 | Mailing Address | | <u> </u> | 1 | | | | |
| 104 NW 5TH AVENUE 104 NW 5TH AVENUE | | | | | | | | | | |
| DELRAY BEAC | H FL 33444 | | DELRAY BEACH FL 3 | 3444 | | | | | | |
| · | | <u> </u> | | | | | | | | |
| 2. Principal P | Place of Busin | ess | 3. Mailing Address | | |] | LAF ALDIA ALAIA ERAIA ALB | 81 65 888 63166 111 8 1 5 6 71 6 1 | 1111 (B)Y (1111) | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. FEI Number | 11117/ | 5 | pplied For | 7 |
| Zip Country | | Zip Co | | untry | | | □ \$8.75 Ad | | 7 | |
| | 6 Nama | and Address of Current | Besistered Asset | | T | | | ree Requir | ed | 4 |
| | o. Name | and Address of Current | registered Agent | _ | Name, | 7. Name and Add | ress of New Reg | serec Agent | | \dashv |
| VERSULIE | EN, LUSA RI | EV | | | -Sheat Address (| P.O.: Box Number is f | let Apparentation | | | 4 |
| 104 NW 5TH AVENUE | | | | | ~Sireet Address (| P.O. Box Number is i | vot Acceptable): | | | _ |
| DELRAY, BEACH FL 33444 | | | | | | | | | | 1 |
| | | | | | City | | | FL Zip Coo | le | 1 |
| 8. The above | named entity | submits this statement fo | r the purpose of changi | ng its register | ed office or register | ed agent, or both, in | the State of Florid | a. I am familiar with, | and accept | 1 |
| the obligat | tions of registe | ered agent. | _ | • | | | nappa | 46677 | | |
| | • | | | | | | | 004 **61 | .25 | |
| , SIGNATURE . | Signature, typed | or printed name of registered agent | and title if applicable. | (NOTE: Registere | d Agent signature required | when minatating) | | DATE | | |
| FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Cam Trust Fund Co | | | | | ~ | \$5.00 May Be Added to Fees | | Check Payable Department of | | |
| 10. | TPD | OFFICERS AND DIF | | 11. | | ADDITIONS/CHANG | ES TO OFFICERS | | |]_ |
| TITLE NAME | VERSULIEN | L LUSA | ☐ Deleta | TITLE | | | | ☐ Change | Addition | (4/03) |
| STREET ADDRESS | 1 | | | | FT 4000F0C | 1 - | | | | 37 |
| CITY-ST-ZIP | 1 | EACH FL 33444 | | CITY | -ST-ZIP (U) | <u>change</u> | remai | n Same | <u> </u> | CR2E037 |
| TITLE | SD | | ☐ Delete | TITLE | : | _ | • | ☐ Change | ☐ Addition | 10 |
| NAME | VERSULEN | N, YANICK RD AVENUE | | NAMI STRE | E Et aodress | | | | | $\left\{ \right.$ |
| STREET ADDRESS CITY-ST-ZIP | | EACH FL 33444 | | | -ST-ZIP | | | | | |
| TITLE | ASD | | ☐ Delete | TRTLE | | | | ☐ Change | ☐ Addition | 1 |
| NAME | SANON, J | | <u></u> | - NAM | - ł | * | | بر چچ پ سروسسیسیچ | | |
| STREET ADDRESS CITY-ST-ZIP | | iehaven drive apt 7 Beach Fl 33438 | | | ET ADDRESS -ST-ZIP | | | • | | |
| TITLE | TD | DEACH FL 33430 | ☐ Delete | TITLE | | | | ☐ Change | Addition | 1 |
| NAME | TOUTE, CH | IARITABLE | Delete | NAME | | | | عهدست ک | | |
| STREET ADDRESS | 222 NE 16 | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | ACH FL 33444 | | | -ST-ZIP | | | | | - |
| TITLE NAME | CD Etienne, J | DISTE ST | ☐ Delete | TITLE | , | · | | Change | Addition | |
| STREET ADDRESS | | RD AVENUE | | | ET ADORESS | | | | | |
| CITY-ST-ZIP | | ACH FL 33444 | | сіту- | ST-ZIP | | · | | | |
| TITLE | | | Defete ? | | | <u> </u> | | | ~ . Addition . | - |
| STREET ADDRESS | | | • | NAME STREE | ET ADORESS | | | | | { |
| Sincer with the service of | | | | | -ST-ZIP | | | | i | { |
| 12. I hereby o | certify that the | information supplied with | this filling does not qual | ity for the exer | nption stated in Sec | ction 119.07(3)(i), Flo | rida Statutes. I fur | ther certify that the in | formation | } |
| indicated of the corr changed, | on this report poration or the , or on an attac | information supplied with or supplemental report is a receiver or trustee empo chment with an address, w | true and accurate and to wered to execute this re with all other like empow | mat my signat eport as requir ered. | ure snall have the s ed by Chapter 617, | arne isgai effect as if Florida Statutes; and | made under oath I that my name ap | ; mai i am an officer pears in Block 10 or | or director Block 11 if | |

7/12/03 274-46 Date Caytima Prone 9