FILED

2003 NOT-FOR-PROFIT CORPORATION

<u> </u>	NIFOF	RM BUSINI	ESS R	REPOR'	<u>r (x</u>	JBR)							3 8: 00		
DOCU	MENT	# N02000				Secretary of State									
 Entity Nan 								_	025 ****61						
FUNDATI	DN DU JI	EAN BARTOLI, INC.		·											
Principal Plac	ce of Busines	s	Mailing A	Address											
2837 ISLAND I MIRAMAR FL :				ND DRIVE FL 33023							^ ^ 4 ,	•			
								 	INIEIRI OILI		IARI ARRII I	ANIA ANIA	OĐRII KODA IKOJA S	SIRR IIII (SCL	
2. Principal F				g Address											
6433 Sw 20 ct Suite, Apt. #, etc.				6433 SW 20CT Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
<u>, </u>	<u> </u>		<u> </u>							CHECK	HERE	F MAKII			_
City & Stat HiRA		fL		State AMAR	12	4		4. FEI N	lumber 3 - 0	47 °	798	34		pplied For lot Applicable	,
7in	023	BROW ARD	Zip	023		Intry 20WA	الم م		ficate of S				\$8.75 Ac		7
		and Address of Current					109	7. Name	and Ad	dress o	New Re	egistere	<u> </u>		\exists
PADT∩U	چىپىدىن MONIOLIE	CAPOLE		مميديات الماسي	م شهد	⊸ Name	×2.4.	<u> </u>	سر.	· · ·					
BARTOLI, MONIQUE CAROLE 2837 ISLAND DRIVE						Street Address (P.O. Box Number is Not Acceptable)									
MIRAMAF	R FL 33023													 .	1
-4						City						F	L Zip Coo	de	1
	named entit	y submits this statement for	or the purpose	e of changing its	register	ed office or	registere	ed agent,	or both, i	n the Sta	te of Flor	rida. Lar	m familiar with	, and accept	7
ine oonga		: 0B	11	,							,- -	, / .	- /		
SIGNATURE	Signature, typed	printed name of registered agent	and title if applica	ble. (NOT	E: Registere	d Agent signate	ure required	when reinstati			<u>+</u>	//S	103		
	(1	 .				7
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campa Trust Fund Con						_		\$5.00					ck Payable		
Arter Sepi	Millipar	IOH.	ш	Added to	rees	1	Florid	a Depa	artment of	State	1				
10.	PD	OFFICERS AND DI	RECTORS		11.		A	ADDITIONS	3/CHAN	GES TO	OFFICE	RS AND I	DIRECTORS II		٦,
TITLE Name	BARTOLI,	MONIQUE CAROLE		☐ Delete	TITE NAM		BA	ARTOL	i, A	ON	igue	5 C	Change 4 Role	☐ Addition	
STREET ADDRESS City-St-Zip	2837 ISLA MIRAMAR					ET ADDRESS -ST-ZIP		33		્ર	60	بر ص	013		100
TITLE	VD	FL 33023		☐ Delete	TITL		7	IRAI	YAK	<u>, t</u>	<u>-C</u>	3.30	23 ☐ Change	Addition	- 5
NAME	NEUSCH,			D Delete	NAM	1							onungs		1
STREET ADDRESS CITY-ST-ZIP	137 SHOA BURNET 1	ILS PARKWAY				ET ADORESS - ST-ZIP									
TITLE	SD		ردند مروض	∽⊡ Dēlēte	_		- *	 -			÷	نيجين	~ Change	Addition -	1
NAME		, SANDRINA P			NAM										
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	GLE NEST ROAD 33157				et address -st-zip	1			•					
TITLE	SD			☐ Delete	TITL								☐ Change	Addition	1
NAME Street address		, carolyn 7. 17th Avenue apt.	Ω		NAM	e Et address									
CITY-ST-ZIP	MIAMI FL		·			-ST-ZIP									
FITLE	TD	DATRICK		☐ Delete	TITL		 -						☐ Change	Addition	٦
NAME STREET ADDRESS	Bartoli, 2837 ISLA				NAM STRE	E Et address									
DITY-ST-ZIP	MIRAMAR					-ST-ZIP									
TITLE				☐ Delete	TITLI				-				☐ Change	Addition	1
name Street address					NAM STRE	E et address									
CITY-ST-ZIP					•	-ST-ZIP									

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:

3/15/03
954-893-/060

SIGNATURE: