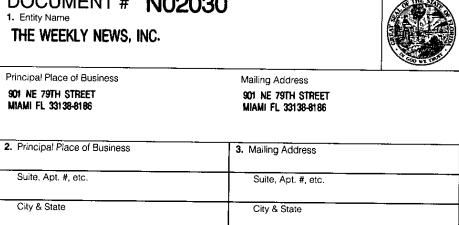
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02030



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90100 003 ****61.25

				TAST	1			
Principal Place of Business 901 NE 79TH STREET MIAMI FL 33138-8186		Mailing Address 901 NE 79TH STREET MIAMI FL 33138-8186		,				
2. Principal Place of B	usiness	3. Mailing Address	J. Mailing Address		The state of the s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_			
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. FE! Number 59-2387428 Applied For			
Zip	Country	7in Country				~ · · · · · · · · · · · · · · · · · · ·		Vot Applicable
	The second section of the section	Zip	Country	تعتريه و		atus Desired	ree nequi	dditional , red
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
<i>Watson, Willia</i> 901 N.E. 79TH ST			Street Address		P.O. Box Number is N	ot Acceptable)	 .	
MIAMI FL 33138-8			-					
	*		City		 .	_	Zip Co	de
8. The above named enthe obligations of rec	ntity submits this statement for	the purpose of changing its	registered office or	registere	ed agent, or both, in t			ı, and accept
ano obligations of rec	участва адети.							
SIGNATURE Signature, ty	ped or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signatur	e required t	when reinstating)	DATE	 -	
Trust Fur			npaign Financing ontribution.		\$5.00 May Be Added to Fees	Florida Depa		State
TITLE POST	OFFICERS AND DIRE	CTORS Delete	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND [·
NAME CANTIN STREET ADDRESS 901 NE	e, Keith 79th Street 1_33138	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
	n, Bill 79th Street 1 33138	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nek nin stag	٠- درسون	The state of the s	☐ Change	Addition
TITLE D NAME WATSO STREET ADDRESS 901 NE CITY-ST-ZIP MIAMI F	N, BILL 79 ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that t	he information supplied with thi	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	lin C	1-1007000		☐ Change	Addition

al teport 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 stop empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address with all other like empowered. of the corporation or the receiver changed, or on an attachment w

SIGNATURE:

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