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

DOCUMENT # N09650 1. FIRST CCLASS CLUB.





04-30-2003 90070 016 ****70.00

31 31th ST. windgagt shopping CT DO NOT WRITE IN THIS SPACE 10091383 2. Principal Place of Business Mailing Addres CT 1248 <u>1257 n.w. 13TH ST</u> NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FT. LAUDERDALE 4. FEI Number 592-2562705 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired BRD. Fee Required LAUDERDALE 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 609 sw 1st street Zip Code DANIABEACH 33004 8. The above named entity submits this statement for the purpose of changing its registered office or ignitional statement for the purpose of changing its registered office or ignitional statement for the purpose of changing its registered office or ignitional statement in the purpose of changing its registered office or ignitional statement in the purpose of changing its registered office or ignitional statement in the purpose of changing its registered office or ignitional statement in the purpose of changing its registered office or ignitional statement in the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. Make Check Payable to FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. initial or Amended UBR Added to Fees Florida Department of State TITLE TITLE 248 NH18+6 NAME NAME STREET ADDRESS STREET ADDRESS HARDY, MCSWAIN CITY-ST-ZIP CITY-ST TITLE NAME SI NAME STREET ADDRESS STREET ADDRESS IVEY ALBERT CITY-ST-ZIP CITY-ST-ZIP 12481248NW18CourT TITLE NAME [] NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE WILMA, HARDY CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. Thereby 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 trusted appears in Block 10 or on an analysis of the receiver of trusted that my name appears in Block 10 or on an analysis of the receiver of trusted that the same legal effect as if made under oath; that I am an officer or director of the receiver or trusted and the receiver of trusted the receiver of trusted that my name appears in Block 10 or on an analysis of the receiver of trusted the receiver of truste