## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED \*DOGUMENT # N9400002872 . Apr 10, 2001 8:00 am Secretary of State South Florida LABRADOR ROTRIEVER Cheby Tue 04-10-2001 90079 029 \*\*\*\*61.25 A0045022 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0546669. City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOMP TAPIE Street Address (P.O. Box Number is Not Acceptable) 4695 M.W. 113 AVE. SUNRISE, FL. 33323 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to-\$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PRES CR2E037 (11/00 ☐ Delete TITLE ☐ Change Addition HALINE WALKER NAME NAME 73 N.W. TOO TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Addition TITLE TITLE LIZ CESARANO KINARTI NAME 11020 S.W.14354. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAPIE AVE Delete ☐ Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME 200 S.W. 196 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 postee 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.

SIGNATURE: John TAPIE TREASURER 3-31-01 954-748-2553
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Date Desputing Phone #