2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9500000631

FILED May 07, 2003 8:00 am § Secretary of State

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225 SOUTH FEDERAL HWY. 225 S 2ND FLOOR 2ND				iling Address SOUTH FEDERAL HWY. FLOOR RFIELD BEACH FL 33441			1 10010081 010 10	181 BII II ABIIK BBIK BBIK BBIK BBIK	I I I I Î Î Î I I I I I I I I I I I I I		
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State Boca Raton, FL				City & State			4. FEI Number 6	4. FEI Number 65-0563034 Applied For Not Applicable			
Zip 3348	33486 USA		Zip Sem		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Registered	Agent		
and the second of the second o						Name					
RUDDY, CHARLES J 225 S FEDERAL HIGHWAY 2ND FLOOR DEERFIELD BEACH FL 33441						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
		submits this statement for	or the purp	ose of changing its	registere	d office or regis	stered agent, or both, in	the State of Florida. I am	n familiar with,	, and accept	
trie obliga	tions of regist	ered agenty									
SIGNATURE Chlaffy May 1, 2003											
SIGNATORIE	Signature, typed	or printed rame of registerer agent	t and title if app	licable. (NOT	E: Registered	Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	V 10	
TITLE	М			☐ Delete	TITLE				Change	☐ Addition	
NAME	RUDDY, C				NAME						
STREET ADDRESS		DERAL HWY., 2ND FLO	OOR		9	T ADDRESS					
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NAME STREET ADDRESS	FRANCO,	HELEN IATIS ST., STE 400			NAME STREE	T ADDRESS					
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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:

561-620-9288