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

## DOCUMENT # N95000004625



**FILED** Feb 05, 2003 8:00 am Secretary of State

RAYMON		aria floyd Child		02-05-2003 90098 002 ****61.25					
Principal Pla 231 ROYAL F SUITE 120 PALM BEACH US		3	Mailing Address 231 ROYAL PALM WAY SUITE 120 PALM BEACH FL 33480 US			ITAL ALIYY ARIYY BAYY ARIYU RAYU RAY	1 <b>816(3 8</b> 1118 )	<b>1861 8</b> 111 1 <b>88</b> 1	
2. Principal O Suite, Apt	Place of Busin	1.0	3. Mailing Address O Gasson Suite, Apt. #, etc.	way		CHECK HERE IF MAKING	. #4919 #4114 11		
Of Sta	ate Bec	id FL	Ply & State Beac	h FL	4. FEI Number 6	5-0615053		oplied For ot Applicable	7
2331	480	Country	33480	Country	5. Certificate of St	alus Desileu 🔲 F	8.75 Add ee Require		
	6. Name	and Address of Current	Registered Agent		7. Name and Add	ress of New Registered A	gent		
				-Name	المتما المتا	16		~	1.
FLOYD,	maria k		•	Ctroot A =	draw (DO Dan North	Int Assessed C		<del></del>	┨`
231 ROY	AL PALM W	AY		Street Ao	dress (P.O. Box Number is N	Not Acceptable)			
	EACH FL 334		_		810-20-0				┨
1710117 01	D 1011 1 E 00					•			
		1/		City	lu Roads	FL	₹2£0	.80	
8. The above	e named entity	submits this statement for	or the purpose of changing its re	eaistered office or r	egistered agent or both in	the State of Florida I am fa	miliar with	and accord	┥
	ations of registe		/ /	-9.0.0.00	ogioloroa agont, or both, in	and diale of Florida. Talling	LITTLEST AANTIT,	and accept	1
		1/1/2 /				,	_		
CIONATURE		vous a				/ . 3	20 r	<b>92</b>	
SIGNATURE		or printed name of registered agent	and title if applicable. (NOTE:	Donistored &cost singeton					ĺ
		» printed tizino di registereo agenti	and the triappingsore.	negistered Agent signature	required when reinstating)	DATE			1
	FILE NOW:	FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departn			
10.		OFFICERS AND DIF	BECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORE IN	10	1
TITLE	ID	OTTIOETIO ATO BIT	□ Delete	<del></del>	ADDITIONS/CHANGE				ړا
NAME	FLOYD, RA	YMOND I	LI Delete	TITLE	Floyd, Raym		Change	☐ Addition	0/
STREET ADDRESS		PALM WAY			Tloyd, Kaym	مبص د،			110
				STREET ADDRESS	10 Blosson, C	مريد مريد			5
CITY-ST-ZIP		CH FL 33480		CITY-ST-ZIP	Halm Beach	于L 3348c	<b>)</b>		П
TITLE	D		Delete	TITLE			<b>⊇</b> €ffange	Addition	S
NAME	FLOYD, MA	NRIAK		NAME	lloyd, Havia	•			C
STREET ADDRESS	231 ROYAL	. Palm way			· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	D4444 DC4			STREET ADDRESS	In River (	~			1
	LATIN REV	CH FL 33480		STREET ADDRESS CITY-ST-ZIP	10 Blassay	22486			
	D PALM BEA	CH FL 33480	□ Doloto	CITY-ST-ZIP	Blasson (	FT 33486	7:01		
TITLE	D		☐ Delete	CITY-ST-ZIP	10 Bassan ( Kalin Bash Kaduan R	47 33486 	<b>Change</b>	Addition	
TITLE NAME	D KOCHMAN	RON	☐ Delete	CITY-ST-ZIP TITLE NAME		34 _ ·	_	_	
TITLE NAME STREET ADDRESS	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		on Duie, Su	ia 98	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHMAN 231 ROYAL	RON		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		on Price, Su Social, FC 33	ie 98 401	<b>6</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		on Price, Su Social, FC 33	ia 98	_	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KOCHMAN 231 ROYAL	RON Palm way		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		on Price, Su Social, FC 33	ie 98 401	<b>6</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KOCHMAN 231 ROYAL	RON Palm way		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		on Price, Su Social, FC 33	ie 98 401	<b>6</b>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KOCHMAN 231 ROYAL	RON Palm way		CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		on Price, Su Social, FC 33	ie 98 401	<b>6</b>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KOCHMAN 231 ROYAL	RON Palm way		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		on Duie, Su Social, FC 33	iæ 98 401 □ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		on Duie, Su Social, FC 33	ie 98 401	<b>6</b>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE		on Duie, Su Social, FC 33	iæ 98 401 □ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME		on Duie, Su Social, FC 33	iæ 98 401 □ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP		on Price, Su Boach, FC 33	Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D KOCHMAN 231 ROYAL	RON Palm way	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS		on Price, Su Boach, FC 33	iæ 98 401 □ Change	Addition	-

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 trusted 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1-30-03