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

## FILED Apr 07, 2003 8:00 am Secretary of State

192	t. Entity Na	UMENT # N96000 FLORIDA WORKFORCE BOAF		03-21-2003 90079	9 ()44 ***	*70.00				
Suite, Apt. 4, etc.   Greek Here is Making Changes  City & State   Country   Zip   Country   St. Certificate of Static Desired   A. FEI Number NOT APPLICABLE   Applicable   Applicable   Ap	3403 N.W. 85 SUITE 300	and avenue .	3403 N.W. 82ND AVENUE SUITE 300		· · · · · · · · · · · · · · · · · · ·					
City & State  Country  Country  To  Country  To  Country  S. Certificate of State Cedition  S. Certificate  State Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  The State Cedition  State Address (PO. Box Number is Not Acceptable)  Street	Principal Place of Business     Address     Mailing Address				<del></del>					
Exp	Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			s		
S. Name and Address of Current Registered Agent  S. Name and Address of Surrent Registered Agent  7. Name and Address of New Registered Agent  8. The Addres	City & St	ate	City & State	City & State			4. FEI Number NOT APPLICABLE Applied For			
SPIVAK, HARRIET MS 3403 N.W. 82ND AVENUE SUITE 300 MIAMI FL 33122  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. I am familier with, and accept the originations of registered agent, or both, in the State of Florida. I am familier with, and accept the originations of registered agent, or both, in the State of Florida. I am familier with, and accept the originations of registered agent, or both, in the State of Florida. I am familier with, and accept the originations of registered agent, or both, in the State of Florida. I am familier with, and accept the originations of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of registered agent, or both, in the State of Florida. I am familier with, and accept the origination of the origi	Zip	Country	Zip	Countr	1	'5. Certificate of S	tatus Desired	\$8.75 A	dditional-	7
SPIVAK, HARRIET INS 3403 N.W. 82ND AVENUE SUITE 300 MIAMI FL 33122  City FL Zip Code  Florida Department of State  Florida Department of Stat		8. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered	Agent		ゴ
3 ACO N.W. 82ND AVENUE SUITE 300 MAMM FL 33122  City FL Zio Code  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. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of registered agent, or both, in the State of Florida. I am familiars with, and accept the collipations of regist	l		<del>_</del>	1	lame	<del></del>				7
MAMI FL 33122  City FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligations of Rorida. I am familiar with, and accept the obligation of Rorida Check Payable to Find Addition on the State Payable to Find Addition of Rorida Check Payable to Find Department of State P					Street Address (P.O. Box Number is Not Acceptable)					
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. I an familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hoad or private insurance and insurance agent.  BARRIET SPIVAK  HARRIET S					,					7
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. I am familiar with, and accept the coligations of registered agent.	MIAMI FL 33122				City Zio Code					$\dashv$
## BARRIET SPIVAK    Signature   Signature	6 Thank		<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>				_
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		ertify that the information supplied with the	nis filing does not quality for the			ion 119 07/3Vi\ Flori	da Statutes I further conti	fu that the in	formation	

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:

WILLIE IVORY

(305)594-7615