2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N9700000595** 1. Entity Name SOUTHFLORIDA PEOPLE INVOLVED IN CONSENSUAL ENDEA VORS, INC.

FILED May 29, 2002 8:00 am Secretary of State 05-29-2002 90734 050 ****61.25

Principal Place	e of Business		Mallin	ig Address						
4931 SW 40TH AVE DAVIE FL 33314				P O BOX 451837 SUNRISE FL 33345			~~~~~~~			
										11 14 14
2. Principal Place of Business			3. Mai	3. Mailing Address						1111 0 111 1881
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			- 	4. FEI Number 65-0724847 Applied For Not Applied			Applied For Not Applicable
Zip Country		Zi	Zipin and attack and Cou		intry ^{ha was} sie	5. Certificate of Sta	5. Certificate of Status Desired Fee Required			
	6. Name a	and Address of Curren	t Registere	ed Agent		-	7. Name and Add	ress of New Registered A	gent	
						Name				
SMITH, ROBERT				Street Address		(P.O. Box Number is Not Acceptable)				
4931 SW 4										
DAVIE FL 33314						City		FL	Zip Co	de
8 The above	named entity	submits this statement f	or the purp	nose of changing its	register	l ed office or registe	ered agent, or both, in	the state of Florida.	_l	
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SIGNATURE.	Signature, typed or	r printed name of registered ager	t and title if app	plicable. (NOTE	E: Registere	d Agent signature requir	red when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Department of State		
10.		OFFICERS AND D	IRECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS I	N 10
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12. I hereby certify that the information supplied with this filling 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:



01-14-01

954-321-1502

Date