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

DOCUMENT # N9900001265



FILED Mar 17, 2003 8:00 am Secretary of State

STORM OF '28 MEMORIAL PARK COALITION, INC.					0.	3-17-2003 9006	.7 029	7.00
Principal Place of Business 1607 40TH STREET. #16NE WEST PALM BEACH FL 33407		POST OFFICE BOX 2186 WEST PALM BEACH FL 33402			A 18111 88111 KA111 AB141 88	31 7 40161 (1 016 11 016 5	liği biri iğği	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			≥ C⊦	HECK HERE IF MAK	ING CHANGES	
City & State		City & State			4. FEI Number 65	0904175	P-1	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of State	tus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Register	red Agent	
			Nai	me Roa	ERT HAZAR	2D		
	, ROBERT		Stre	eet Address ((P.O. Box Number is No	ot Acceptable)		
	T TIFFANY DRIVE, SUITE #3		76	07 40	ITH STREET			
WEST P/	ALM BEACH FL 33407		W	ESTF	DLM BEACH	<u> </u>		
			City	У		İ	FL Zip Cod	°7
	e named entity submits this statement for	or the purpose of changing its	registered offi	ice or register	red agent, or both, in th	e State of Florida. I	am familiar with,	and accept
the obligat	tions of registered agent	re- , , , , , , , , , , , , , , , , , , ,		مرامی میسون به و است. هم			- • •,	
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•	ROBERT WAZDED	POSSIDENT		lest 6	24	04/07/	03	
SIGNATURE	ROBERT HAZARO Signature, typed or printed name of registered agent	PRESIDENT t and title if applicable. (NOT	E: Registered Agent	signature required	d who reinstating)	04/07/	O.3	
*•		<u> </u>	mpaign Financ		\$5.00 May Be Added to Fees		O.3 neck Payable partment of S	
*•	Signature, typed or printed name of registered agent	9. Election Car Trust Fund C	mpaign Financ	ing	Added to Fees ADDITIONS/CHANGES	Florida De	partment of S	State
•	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	9. Election Car Trust Fund C	mpaign Financ Contribution.	ing	Added to Fees ADDITIONS/CHANGES	Florida De	partment of S	State
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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:

ROBERTIFNAZARDIREDA

4/7/03 (561) 881-8298