2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 17, 2002 8:00 am Secretary of State

DOCUMENT # P0000005911					Secretary of State 01-17-2002 90013 049 ***150.00			
Le month of	NCESSIONS, INC				and the second	01-17-2002 900	13 049 130	
Principal Place of Business 4600 S.W. 34TH DRIVE FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 FOR CHORS LESSED BUSINESS BUSI					agent, or both, by	fre State of Floride		
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2. Principal Pla	ace of Business	3. Mailing Address				 	 	()
, Suite, Apt. #	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number	65-0978850	<u> </u>	plied For Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired C	Fee Require	
	6. Name and Address of Current F	legistered Agent	Nam	ie	7. Name and A	idress of New Regist	ered Agent	
	ANCY D 7TH STREET 2ND FLOOR ROALE FL 33312	1 m 2 m 2 m 4 657	Stree	Street Address (P.O. Box Number is Not Acceptable)				
W. Fond by	(ROS US 3 TO 3550)	The same of the sa	City		Het.	Garage Antella	FL Zip Code	9 (11)
SIGNATURE	named entity submits this statement for ে কাৰ্য্য ক্ৰিয়াৰ ignature, typod or printed name of registered agent a	and the the con-	egistered offici				DATE	
Tax filing rei	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	Fee will be to Departm	\$550.00	Trust	on Campaign Financin Fund Contribution.	☐ Added	O May Be to Fees
NAME - STREET ADDRESS	OFFICERS AND D FARACE, DOROTHY A 4600 S.W 34TH DRIVE FT LAUDERDALE FL 33312	Delete	12. TITLE NAME STREET ADDRES CITY-ST-ZIP	\$59	ADDITIONS/CH	IANGES TO OFFICER	S AND DIRECTORS Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRES CITY-S[-ZIP	as .	· · · · · · · · · · ·	and the same of th	Change	Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPELY A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2002-954-981-55532