FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90376 028 ***150.00

1. Entity Nam	ne	#P00000 olice &		ıppliers	, Inc		1	1038523		
	DO N	OT WR	TEIN	THSS	PACE	Ale Carlotte de la Tarres de la Tarres de la carlotte	*	10000		•
2. Principal Place of Business 2001 SW 1 Street Suite, Apt. #, etc.			Sui	3. Mailing Address 152 NE 167 Street Suite, Apt. #. etc. # 404			DO NOT WRITE IN THIS SPACE			
City & State Miami, Fl. Country			City No	Ciry & State North Miami Beach F1 Zip Country 33162 US			- 6	4. FEI Number Applied For 65 – 0 9 7 9 1 2 5 Not Applicable -5. Certificate of Status Desired - \$8.75 Additional =		
33135		US	[3:	3162	US		<u>1</u>	Fe and Address of Current Registered A	e Required	
DO NOT WRITE IN THIS SPACE						Name David Kaufman Street Address (P.O. Box Number is Not Acceptable) 6360 SW 84 Street				
						City Mian	ni	FL	Zip Code	135
	named entiti tions of regist		nent for the purp	oose of changing its	s registered	office or register	red ager	nt, or both, in the State of Florida. I am fam	iliar with, a	nd accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	nuary 1 - M. After May - Amended	ay 1 Fee is \$150. 1 Fee is \$550.00 UBR is \$61.25 1 Florida Departin	00		<u>-i - i</u>			Election Campaign Financing Trust Fund Contribution.		O May Be to Fees
10.	ID	OFFICER	S AND DIRECTO	ORS	ine .		7 A	Sulest and the parts of the category of		02)
NAME STREET ADDRESS CITY-ST-ZIP	2001	Garcia SW 1 Str			STRUCT CTY-SI	AUDHESS 7JP				CR2E034B (12/02)
TITLE NAME STREET ADDRESS		.,- 11155	-133		Control of the second	ADDRESS .				CR2E
CATY-ST-ZIP	<u> </u>	_ _ ·			CIN S				andicus State	
NAME STREET ADDRESS CITY-ST-ZIP					SREET ST			DO NOT WRIT	E	
TITLE NAME STREET ADDRESS		,				ADDRESS		INTHIS SPAC	Ē	
CITY-ST-ZIP TITLE NAME	1	·			Auther Same				e de la composition della comp	
STREET ADDRESS City-St-Zip		· 			SIREI CIY-SI	ADDRESS X.				
TITLE ' NAME STREET ADDRESS					NAME STREET	ADDRESS				
CITY-ST-ZIP	Contile that the	e information success	ed with this filing	does not qualify to	or the exemi	SECTION SECTION	ection 11	19 07(3)(i) Florida Statutae Liurthar cartifi	that the in	Iformation
indicated of the co	on this report on this report	rt or supplemental r the receiver or trust	eport is true and	accurate and that to execute this repo	my signatur	e shall have the ed by Chapter 6	same le	19.07(3)(i), Florida Statutes, I further certify gal effect as if made under oath; that I am da Statutes; and that my name appears i	an officer n Block 10	or director or on an

4-30-03