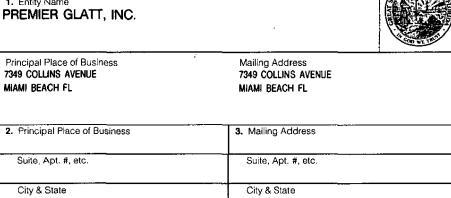
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000011549

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90790 001 ***150.00

			A STATE OF THE STA		
Principal Plac 7349 COLLINS MIAMI BEACH		Mailing Address 7349 COLLINS AVENUE MIAMI BEACH FL	1		*
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0663088 Applied For	
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional
	6 Non- and Address of Court			5. Certificate of Status Desired	Fee Required
	6. Name and Address of Curr	ent Hegistered Agent	Name	7. Name and Address of New Registere	a Agent
AMARA, M 1800 74TH	ICHAEL 1/40: IST CAUSEWAY 497	-101 5 1 -202 B	Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
	BAY	-101 ST - 909 B HARBOR FL 3315H	A City	F	
	ions of registered agent.		s registered office or regis	tered agent, or both, in the State of Florida. I a	n familiar with, and accept
After	Signature, typed or printed name of registered a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. c Payable to Florida Departmen	00	TE: Registered Agent signature requ	DATE P. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
NAME STREET ADDRESS	D AMARA, MICHAEL 7349 COLLINS AVENUE MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, -	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition

of the corporation or the receiver or trustee empty ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an a

SIGNATURE: