DOCUN 1. Entity Name	UNIFORM BUSII MENT # POOOOOO2 BAE, INC.			R)	FILED Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90217 002 ***150.00	
Principal Place of Business 523 LANTANA DRIVE VESTON FL 33326		Mailing Address 1523 LANTANA DRIVE WESTON FL 33326				
2. Principal Pi	iace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			FEI Number Applied For	
Zip	Country	Zip	Country		Certificate of Status Desired     Image: Status Desired       Required     Status Desired	
6. Name and Address of Current Registered Agent CAREN NEWMAN, ALLYSON 1523 LANTANA DRIVE WESTON FL 33326			Name Street /	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code	
Tax filing r (See critor	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20 Make Check Payal	III FEE IS \$150 001 Fee will be \$ ble to Departme 12.	550.00 nt of State	10. Election Campaign Financing       \$5.00 May Be         Trust Fund Contribution.       Added to Fees         DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. TITLE NAME STREET ADDRESS	D NEWMAN, ALLYSON CAREN	DIRECTORS	12. TITLE NAME STREET ADORESS	AC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESTON FL 33326 D NEWMAN, BARRY J 1523 LANTANA DRIVE WESTON FL 33326	Delete	CITY-ST-ZIP 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 NAME STREET ADORESS CITY-ST-ZIP		Deiete	TI*LE NAME STREET ACDRESS CITY-ST-ZIP		Change 🔲 Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
CITY-SI-ZIP 13. I hereby indicated of the co	certify that the information supplied with d on this report or supplemental report is propration or the receiver or trustee emport d, or on an attachment with an address, w TURE: Sama	true and accurate and that wered to execute this repor vith all other like empowered	CITY-ST-ZIP or the exemption s rny signature shall t as required by C d.	ated in Section have the same hapter 607, Flor	119.07(3)(i). Florida Statutes. I further certify that the information elegal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 f MANI 4/22/c1 954-389-33.61 Date Degine Phone 4	