FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2003 8:00 am Secretary of State

03-28-2003 90055 001 ***150.00

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1. Entity Nen	me		00029112 V E REPAIRT	NC NC		PP 0 0 4 4	100	
	DO NO		IN THIS SI	PACE		550244	183	
2550 Suite, Apt.	MIND:	SOR AVE	1 - 1 -	Ngyarr.	A	DO NOT WRITE	È IN THIS SPACI	E
City & Stat	B/M.B	EACH TI	City & State	BEACH F		Number - 0992999		Applied For Not Applicable
Zip 2311		Country PAIM BEACH		PAM BOAC	E Cor	tificate of Status Desired		75 Additional Required
777		ARRSC ENDEN		40.4		and Address of Current F	Registered Age	nt
	, A		OITE	Name	PIEC	SEL CUTRET	RA PIF	}
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)				
	: IN	THIS SP	ACE .	3431	ALHE	RIA AVENUE	<u> </u>	
				City Ce	ORAL	GABLES	FL Z	Zip Code
	e named entity s		r the purpose of changing its	registered office or regi	istered agent	or both, in the State of Flori	ida. I am familia	with, and accept
(ine obliga		oo agen						+
SIGNATURE	Signature, typed or p	ovited name of registered agent (and title if applicable. (NOTE	: Registered Agent signature rec	puired when resnets	(ting)	DATE	
· The State of the	nuary 1 May	ATTENDED OF THE PARTY.	0.00					
	After May 1 Amended U	Fee is \$550,00 BR is \$61,25 lorida Department of	State		į	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees
Make Check	After May 1 Amended U R Payable to F	Fee is \$550.00 BR is \$61.25 lorida Department of OFFICERS AND	- September 6 manual			Trust Fund Contribution.		
Make Check 10.	After May 1: Amended U in Payable to F	Fee is \$550,00 BR is \$61,25 lorids Department of OFFICERS AND	- September 6 manual	TITLE O		Trust Fund Contribution.	·	
Make Check 10	After May 1: Amended UniPayable to F	Fee is \$550,00 BR (a \$6125 bords Department of OFFICERS AND DEVT FUDY POSED MAYA	DIRECTORS PROPERTY	MAME STREET KOORESS		Trust Fund Contribution.	·	
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1: Amended UniPayable to F	Fee is \$550,00 BR (a \$6125 bords Department of OFFICERS AND DEVT FUDY POSED MAYA	DIRECTORS	MAME STREET GOORESS CITY ST-ZP		Trust Fund Contribution.	·	
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Plake Check 10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S7-ZIP	After May 1: Amended UniPayable to F	Fee is \$550,00 BR (a) \$61(25) Forda Department of OFFICERS AND OEVT FUDY PASED NAVA PAIM BEAL STARY FUE XELDO	DIRECTORS RRA CH F133405	TITLE STREET ADDRESS CITY STEET		Trust Fund Contribution.	·	
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12. Thereby certify that the information supplied with this filing does not quality 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

AGNATURE DOT PEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-2003 (561)5140937