2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

FILED May 07, 2003 8:00 am Secretary of State

<u>UN</u>	IFORM BOSINE	33 NEFUR		וחמפ	Secretary	OI N	••••	
DOCU 1. Entity Nan 17 NW, II		05-07-2003 90170 022 ***158.75						
Principal Place of Business / Mailing Address 17 NW 168 STREET 17 NW 168 STREET								•
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160					İ			•
·					Í 1944 BE 14 BE 16 B	HI H asin shigh!	1111 1111 1111	
Principal Place of Business 3. Mailing Address .								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4. FEI Number 65-1003555	<u> </u>	oplied For of Applicable	
Zip	Country	Zip	Count	ry 	S. Cermicale of Status Desired	\$8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	gent	6 1.	4	
SCHMACI	HTENBERG, LEE C	ا هود و داده در مهمی دیده بیشتر «پدست را دست	Name					
	ISET DRIVE SUITE 201		Street Address (P.O. Box Number is Not Acceptable)					
CORAL G	ABLES FL 33143						7	
			ļ	City FL Zip Code				7
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac								-{
the obligations of registered agent.								
SIGNATURE Signature, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing							О мву Ве	
Make Checi	r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department of	State			Trust Fund Contribution.		to Fees	-
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	3 N 11' 3*	} -
TITLE	D DOLLAR DIGILARD	Delete ·	, mle	ľ		Change	Addition	18
NAME STREET ADDRESS	BRADBURY, RICHARD		NAME	T Address				18
CITY-ST-ZIP				ST- ZIP				흲
TITLE	Delete IIII.		TITLE			Change	☐ Addition	CR2E034 (10/02)
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP	CO			T ADDRESS ST-ZIP				
TITLE			mle			☐ Change	☐ Addition	1
NAME	NAN NAN		NAME	- 1			·	_
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T ADDRESS ST-ZIP	•			-	
TITLE		Delete Delete	TITLE			Change	Addition	
STREET ADDRESS	ı		NAME STREE	T ADDRESS				
CITY-ST-ZIP	<u></u>		CHY-					-
TITLE		☐ Delete	TITLE			Charige	Addition	1
NAME STREET ADORESS			NAME	Lannerne				
CITY-ST-ZIP				T ADDRESS ST-ZIP	·			
MLE		☐ Delets	TITLE			Change	☐ Addition	1
NAME STREET ADDRESS			NAME		•	-		
CITY-ST-ZIP			CITY-S	it-zip				}
12. I hereby o	ertify that the information supplied with t	his filing does not qualify for	the ever	Intino stated in Co.	ction 119.07(3)(i), Florida Statutes. I further certif	y that the in	formation	1
indicated on this report or supplemental report is true and accurate and harmy 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 a 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 abuse ress, with all other like a powered.								
changed, or on an attachment with arrab fress, with all other like a powered.								