## 2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT ame ACH ENTEI		-			Jun 02 Secre	tar	y of	8:00 Stat ***150.00	e		
Principal Place of Business 3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH FL 33442			Mailing Address 3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH FL 3344				7 3 9	erri GBIB1 634	121 261 24 140 hi	)		
2. Principal Place of Business			3. Mailing Address	<u></u>   								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE							
City & State			City & State	4. FE! Number			El Number 5 - 1013458		h	Applied For	]	
Zip Country		Zip Coun		itry			Pertificate of Status Desired		\$8.75 Ac	fditional		
	6. Name RNACH, ELIZ 5-W. HILLSE		eglatered Agent		Name Street		. <del></del>	ame and Address of New Re				- - - -
SUF							FL	Zip Cod	te	-		
8. The above	E à	Lete Fair	rad			or registered a		ent, or both, in the State of Flori and American	da. 1/24 DATE	1/01		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FiLE NOW!!! After MAY 1, 200 Make Check Payable	will be \$	I be \$550.00 Trust Fund Contribution				\$5.0 Added	\$5.00 May Be Added to Fees		
11.		OFFICERS AND D		12.	.   .		ADD	OTTIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete FARNACH, ELIZABETH J 3275 W. HILLSBORO BLVD. SUITE 207 DEERFIELD BEACH FL 33442									☐ Change	■ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate							☐ Change	Addition	CR2
TITLE NAME	-		☐ Delete	TITLE .NAME STREE	!		-	۳- معر	٠	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-	ADDRESS				[	Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Celeta :	TITLE NAME STREE CITY-S	FADORESS ST-ZIP				, (	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP				[	☐ Change	Addition	
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13. I hereby certify that the information supplied with this filing does not qualify 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 nequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature And Typed on Printed NAME OF SIGNATURE OR DI SECTOR

4/24/01

354-2785