

FILED
May 21, 2002 8:00 am
Secretary of State



65-1036433

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | Ⓟ | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---|--|-----------------------------------|
|-------|---|--|-----------------------------------|

| | | | | |
|-----------------|------------------------|--|--|-----------------------------------|
| TITLE | D | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Travel, Lonnie A | | | |
| STREET ADDRESS | 3100 S. Dixie Hwy D-15 | | | |
| CITY - ST - ZIP | Boca Raton, FL 33432 | | | |

| | | | |
|----------------|--------------------------|--|-----------------------------------|
| TITLE | V | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | Levin, Eric | | |
| STREET ADDRESS | 846 Lincoln Rd 5th floor | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | | |

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

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 required 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: Samuel A. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2002 561-620-9961

CR2E034 (9/01)