FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

DIVISION OF CORPORATION

DOCUMENT # P00000075464 1. Entity Name					03 AUG 28 AM 8: 00			
					_			
DO 1	ACT WEITE	IN THIS CE						
ו טע	NOT WRITE	IN THIS SE	ACE					
2. Principal Place of Bu		3. Mailing Address	3. Mailing Address					
5722 S. FLAMINGO ROAD		5722 S. FLAMINGO ROAD			1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	DO NOT WRITE IN	THIS SPAC	= naaX
SUITE 152		SUITE 152						
City & State		City & State			4. FEI Number Applied For			
COOPER CITY, FL		COOPER CITY, FL			65-1035368 Not Applicable			
Zip	Country	Zip	Cou	intry	5 Corti	ficate of Status Desired	\$8.75	Additional
33330	U.S.A.	33330	υ.	S.A.	J. Certi	incate of Status Desired	Fee Re	quired
,				·	. Name a	nd Address of Current Re	gistered A	gent
	DO NOTW	VDITE		Name ROBERT S. ZIPPIN				
DO NOT WRITE						P.O. Box Number is Not Acceptable)		
1	IN THIS SE	PACE		7101 W. MCNAB ROAD, SUITE 200				
* ,				Olbi			_ 150.00	
<u> </u>				TAMARAC FL Zip Code 333321				
	entity submits this stateme ons of registered agent.	ent for the purpose of cha	anging its reg	jistered office or reg	gistered ag	ent, or both, in the State of Flor	ida. i am fam	iliar with, and
SIGNATURE								J
· Signatu	re, typed or printed of registere	d agent and title if applicable.	(NOTE: Re	egistered Agent signat	sture required	when reinstating)	DAT	E .
January 1	May 1 Fee is \$150:00 y 1, Fee is \$550:00					9. Election Campaign Finance	ina \$	5.00 May Be
Amend	ed UBR is \$61.25	P4-4-			1	Trust Fund Contribution.		dded to Fees
Make Check Payable	o to Florida Department of OFFICERS AND DIRECT	<u> </u>				<u> </u>		199
TITLE P/S/D	OF TOPING	31010		TLE	_ 			
NAME ANGELA NUNEZ			1 1	AME	1			3
STREET ADDRESS 3131 SW 32ND AVE.			s ST	REET ADDRESS	Ì			
CITY-ST-ZIP HOLLYWOOD, FL 33023				TY-ST-ZIP		• 4		
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NAME	•	• • •		AME				المقائل الأخير بمعاقباً عالمح
STREET ADDRESS			ST	REET ADDRESS				
CITY - ST - ZIP	•	•	Cl	TY-ST-ZIP				
12. I hereby certify tha	it the information supplied wil	th this filing does not qualit	fy for the ex	emption stated in Si	ection 119.	07(3)(i), Florida Statutes. I further	certify that	the information
of the corporation	or the receiver or trustee en	ripowered to execute this re	iat my signati eport as requ	are shall have the s ired by Chapter 607	same legal i 17, Florida S	effect as if made under oath; the Statules and that my name app	atlam an of ears in Block	ficer or director
attachment with an	address, with all other the empo	wered.				7	wicon	

ANGELA NUNEZ

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Daytime Phone #