## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 11, 2002 8:00 am Secretary of State

Ur	HIFURM BUSINE	33 KEPUKI	(UDK		Constant	- CC4 - 4 -	
DOCUMENT # P000000 75628					Secretary of State 02-11-2002 90190 049 ***150.00		
Li	en Search E	xbust, I	νc.				
DO NOT WRITE IN THIS SPACE					819552		
2. Principal Plac	ce of Business N Federal Highway	3. Mailing Address	Sane	·····			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	Lauderdale, FL	City & State	_	4.	FEI Number 651030496	Applied For Not Applicable	
Zp ZZZ 0	Country A USA	Zip	Couptry	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
		<del></del>		7. N	ame and Address of Current Regist	ered Agent	
DO NOT WRITE    Name   Street Address (F					RO. Box Number is Not Acceptable)		
							IN THIS SPACE 3696
						FL र्रेन्डिं	
8. The above na	amed entity submits this statement for t	he purpose of rianging its r					
	$(\mathcal{L}_{\mathcal{A}})$	000			. 1	21/22	
SIGNATURE	unature, typed or printed name of registered agent and	title it applicable (NOTE:	Senistered Agent	signature required when		26/02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - May After May 1, Amended to Make Check Payable				0.00 .25	10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.  Added to Fees		
11.	OFFICERS AND D		e to Depart	nem or state	<u> </u>		
TITLE	President Direct	or, Secretary	TITLE				
NAME	Steven M. Stol	II Suite	NAME	[	•	L.	
STREET ADDRESS	3696 N Federal	HAMOR, 300		ESS		,	
CITY-ST-ZIP	Fort Lauderdale, F	- 333504-	CITY-ST-ZIP			<u> </u>	
TITLE -	Rebecca Stoll	~:. <del></del>	TITLE NAME				
STREET ADDRESS	Rebecca Stoll	Heghway, 300	STREET ADDR	ESS 3	. 9		
	Fort Lauferdale,		CITY-ST-ZIP			*	
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDR	ESS	DO NOT WE	RITE	
TITLE			TITLE		The second secon	gening of the control	
NAME			NAME	1 **	IN THIS SPA	4CE	
STREET ADDRESS			STREET ADDR	ESS	•	Δ.	
CITY-ST-ZIP			CITY-ST-ZIP			a*-	
TITLE NAME			TITLE			, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS			NAME STREET ADDR	ESS			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE				
NAME			NAME		ч		
STREET ADDRESS			STREET ADOR	ESS			
CITY-ST-ZIP			CITY-ST-ZIP				
<ol><li>I hereby cert</li></ol>	tify that the information supplied with th	is filing does not qualify for t	he exemption	stated in Section	119.07(3)(i). Florida Statutes, Lfurther	certify that the information	

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 on an attachment with an address, with all enter like floroward.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR DOG 2011

13905

JAZ-3220

Daytime Phone #