## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000082468  1. Entity Name APRIL SHOWERS, INC.						Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90278 024 ***150.00				
Principal Plac 2701 RIVER R MIRAMAR FL	RUN CIR. EAST.	Mailing Address 2701 RIVER RUN CIR. EAST. MIRAMAR FL 32025				# 1864 <del> </del>   28   111   28   112   28   111	18711 48117 88111 <b>81</b> 111			
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	е	City & State				4. FEI Number 65-104	5476		plied For t Applicable	
Zip	Country	Zip	Count	ry <b>5.</b> (		5. Certificate of Status Des	ired 🗌	\$8.75 Add Fee Required	itional	
=	6. Name and Address of Current I	Registered Agent	Nan			7. Name and Address of	New Registered	Agent		
MINGA, APRIL 2701 RIVER RUN CIR. EAST. MIRAMAR FL 32025				Street Address (P.O. Box Number is Not Acceptable)						
) 				City	City			FL Zip Code		
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!! After May 1, 200 Make Check Payab	! FEE I	S \$150.0	00 50.00	10. Election Campa Trust Fund Cont	ribution. [	Added	O May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T YPSILANTIS, BILL V 2701 RIVER RUN CIRCLE EAST MIRAMAR FL 33025	☐ Delete	TITLE NAME STREE	St. 15 11 15	P/M April 2701 Min	Mingo. River Run Girc Amar, Fl. 330		∕X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S MINGA, APRIL D 2701 RIVER RUN CIRCLE EAST MIRAMAR FL 33025	☐ Delete		T ADDRESS ST-ZIP	VIT Bill 270	Upsilantis River Run Cin		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	π	☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				Change	Addition	

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:

954.442-9193 Daytime Phone #