FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90184 034 ***150.00

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Principal Place of Business Mailing Address 994 50 SW Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Numbe Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

	. Name and Address of	Current Registere	ed Agent
NamePIEG	O BOX Number is Novince	APA	
Atreet Address (P.	O. Box Number is Not Ac	ceptable)	
1840	CORAL	WAY	474 Floor
City LA	A .	FI	Zip Code

9. Election Campaign Financing

Trust Fund Contribution.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee Is \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATÉ

\$5.00 May Be

Added to Fees

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS 10 TITLE TITLE PREndent NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or on an attachment with an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

954-720-5900

CR2E034B (12/02)

Attachment

80142567 #P00000092074

THE UNIFORM BUSINESS REPORT WAS
MAILED ON APRIL 15, 2003 AT FT LAUDERDAKE
MAIN POST OFFICE. ACCORDING TO OUR BANK
STATEMENT THIS CHECK has NOT REACH
THE GANK YET, HERE IS THE REPLACEMENT
CHECK THAT WAS REQUESTED

SACK NOEL PAES