## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # <i>POOOOO95527</i> 1. Entity Name						06-03-2002 91200 001 ***150.00				
ALR	205	RECRU	TING D	vc.		8				
	OO N	OT WRITE	EIN THIS	SPAC	<b>E</b> ,,		-: B <b>01</b>	24200		
2. Principal Place of Business  16366 130th Aven 4170 Enve					ery Dr	1	÷ •			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Sup & State Larms, Fe &			City & State	City & State Lauderhill. Fc			05/5	0/	Applied For  Mot Applicable	
Zip 23(4)	28	Country USA	Zip 33319			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	Name -						7. Name and Address of Current Registered Agent			
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  WHO IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  WHO IN THIS SPACE										
all the second				Care Care		derhel		FL	33319	
8. The above	named entit	y submits this statement	for the purpose of changir	ig its registere	a office or regist	ered agent, or both,	in the State of Fio	nda.		
SIGNATURE _	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOTE, Registered	Agent signature requi	red when remstalling)		5/51/C	72	
Tax filing r		ible to satisfy its Intangib and elects to do so.	After	May 1, Fee is nded UBR is	i \$61.25	Trust	ion Campaign Fina Fund Contribution		\$5.00 May Be Added to Fees	
11.	~	OFFICERS AN	D DIRECTORS	bes 4.000 TR. contra	to state our rest list courtes				£	
TITLE NAME	DALD	STT FRA	nces	NAME	and the second		166		1201	
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NAME	Maa	reline Go	OSS M Dr # 410	NAME	T ADDRESS				, , , , , , , , , , , , , , , , , , ,	
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CITY-ST-ZIP		<u>,</u>		\$5.7850	ST-ZIP ;					
			ith this filing does not qua	lify for the exe	motion stated in	Section 119.07(3)(i)	, Florida Statutes. I	further certify t	hat 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 other like empowered.