

FILED
Jan 15, 2003 8:00 am
Secretary of State

035070 11/

The seal of the State of Florida is circular. It features a central figure of a woman standing on a rock, holding a torch aloft in her right hand and a scroll in her left. The scroll contains the word 'CONSTITUTION'. Above her is a palm tree. The entire scene is enclosed within a circular border. The text 'GREAT SEAL OF THE STATE OF FLORIDA' is written along the top inner edge of the border, and 'IN GOD WE TRUST' is written along the bottom inner edge.

Mailing Address
6900 SW 21 COURT
STE. 7
DAVIE FL 33317

3. Mailing Address

Suite, Apt. #, etc.City & State

Zip	Country
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65-1061851

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

GREENSPOON, GERALD
100 CYPRESS-CREEK RD. W., #700
STE. 400
FT. LAUDERDALE FL 33309

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition☐ Delete☐ Change ☐ Addition

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[illegible]

2. 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 10 or Block 11 if changed, or on an attachment with an address, with an other life empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 954 370 6006
Date Daytime Phone #