2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

1. Entity Name

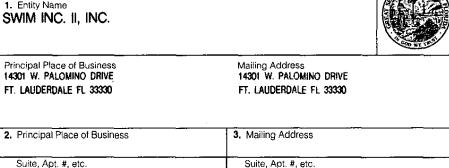


Apr 22, 2003 8:00 am Secretary of State

P00000107938 DOCUMENT #

04-22-2003 90075 005 ***150.00

FILED





☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 65-1073841		Applied For
				05-1073041	_	Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Re	gistered A	gent
	-		Name			

KUHN, FAITH 14301 W. PALOMINO DRIVE FT. LAUDERDALE FL 33330

Name		
Street Address (P.O. Box Number is Not	Acceptable)	
City		7:a Codo

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

FILE NOW!!! FEE_IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Applied For

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE KUHN, FAITH NAME NAME 14301 W. PALOMINO DRIVE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP		CITY-ST-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

SIGNATURE:

TITLE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition