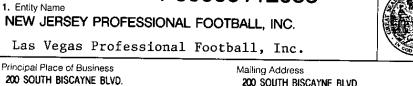
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P00000112058





FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90144 006 ***158.75

200 SOUTH SUITE 3800 MIAMI FL 33	BISCAYNE BLVD.	200 SOUTH BISCAYNE BLVD. SUITE 3800 MIAMI FL 33131							
2. Principal Place of Business 4000 Ponce de Leon Blvd.		3. Mailing Address 4000 Ponce de Leon Blvd.				i rodindor eit board boeid behar boidh			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				F			
Suite 700		Suite 700				CHECK HERE IF MAKING CHANGES			
City & Sta		City & State				4. FEI Number OF 1000000 7 Applied For			
Coral Gables, FL		Coral Ga			65-1063089-	/		Not Applicable	
Zip 33146	Country - U-S-A -	Zip 33146		,	5.	Certificate of Status Desired	図. \$	8.75 Ac	dditional ed
	6. Name and Address of Current F	Registered Agent			7.	Name and Address of New Regi	stered Ag	jent	
RAFFERTY, WILLIAM L JR.				Name Street A	ddress (P.O.	Box Number is Not Acceptable)	_		
1101 BRICKELL AVENUE									
SUITE 1400									
MIAMI FL 33131				City			FL	Zip Cod	
8. The above	named entity submits this statement for	the purpose of ch	anging its register	ed office or	registered a	gent, or both, in the State of Florida	a. I am far	niliar with	and accept
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									
F After Make Check				Election Campaign Financ Trust Fund Contribution.	ing		00 May Be d to Fees		
10.	OFFICERS AND D	IRECTORS	11.		Δ		DC AND D	IDECTOR	20 10 14
TITLE	D	□ D			D	DDITIONS/CHANGES TO OFFICE			
NAME	FERRARO, JAMES L		NAMI		_	co, James L.	ų.	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	200 S BISCAYNE BLVD., # 3800 MIAMI FL 33131			STREET ADDRESS 400		Ponce de Leon Blvd. Gables, FL 33146	, Sui	te 70	0
TITLE	•	D			OOTAT	Gables, FL 33140			
NAME		LJ 10	elete TITLE NAME					Change	☐ Addition
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CITY-ST-ZIP				ST-ZIP					{
TITLE		D De				a service and a second of	~] Chānge	T Addition
NAME			NAME				L.	1 Change	Addition
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CITY-ST-ZIP			CITY-	ST-ZIP					}
TITLE		. De	elete TITLE			-	Г] Change	Addition
NAME			NAME) Ollange	
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP	·		CITY-	ST-ZIP					
TITLE		☐ De	lete TITLE] Change	☐ Addition
NAME CYREET ADDRESS			NAME				-	,	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
		, .	CITY-S	ST-ZIP					}
TITLE		☐ De	lete TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME STREET ADDRESS			NAME	1				J -	-
CITY-ST-ZIP	••	•		ADDRESS					
	ertify that the information supplied with th		CITY-S	ST-ZIP		<u> </u>			
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12 I nereby 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 supplied entail 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 changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

James L. Ferraro 2/21/03

(305) 375-0111

Daytime Phone #