2002 UNIFORM BUSINESS REPORT (UBR)

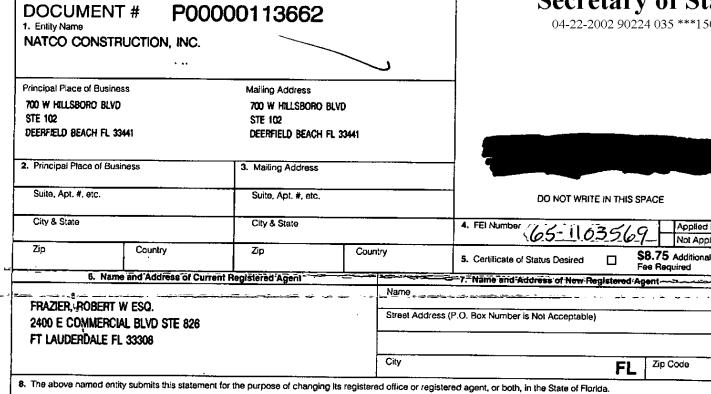
Signature, typed or printed name of registered agent and title if applicable.

FILED May 21, 2002 8:00 am Secretary of State

04-22-2002 90224 035 ***150.00

DATE

Applied For Not Applicable



Tax filing requirement and elects to do so. After May (See criteria on back) Make Check I			W!!! FEE IS \$150.00 2002 Fee will be \$550.00 vable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	DPS KALICHMAN, NATHAN 19333 COLLINS AVE #810 N MAIMI BCH FL 33160	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Deleta	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
title Name Street address City-St-Zip		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		٠,	☐ Change	Addition
13. 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 11 or Block 12 if							

(NOTE: Registered Agent signature required when reinstating)