2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2002 8:00 am Secretary of State 07-31-2002 90092 021 ***550.00

1. Entity N	JMENT # P0100 erns & schafer trading,		. که بود مریه	V	07-31-2002 90092			
Principal Place of Business 320 S. FLAMINGO ROAD #191 PEMBROKE PINES FL 33027		Mailing Address 320 S. FLAMINGO ROAD #191 PEMBROKE PINES FL 33027			. 41982			
2. Principa	Place of Business	3. Mailing Address	-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & St	ate	City & State		4.	4 FFI Number			
Zip	Country	Zip	Country		94-33 8452	¢0.75	Not Applicab Additional	le
	& Name and Address of Course I				Certificate of Status Desired	Fee Re		
	6. Name and Address of Current F	legistered Agent	Name	7.	Name and Address of New Regist	ered Agent		4
SCHAFE	R, VERA LUCIA							
320 S. FLAMINGO ROAD #191			Street A	ddress (P.O.	Box Number is Not Acceptable)			7
	KE PINES FL 33027							-
{			City			El Zio	Code	-
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office of	r registered ar	good or both in the State of Florida			_
The obliga	ations of registered agent.	, , , , , , , , , , , , , , , , , , , ,		, registered at	gent, or both, in the State of Florida.	ı am tamılar v	vith, and accept	·
SIGNATURE	Uha Sha/							1
	Signature, typed or printed name of registed agent and	d title if applicable. (NOTE	: Registered Agent signati	ure required when r	reinstating)	ATE		
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$550.	00				٦
Tax filing requirement and elects to do so. (See criteria on back) After September 1: Make Check Paya			2002 Fee will b	10. Election Campaign Financing Trust Fund Contribution.		_ ~ ~	5.00 May Be Ided to Fees	
11.	OFFICERS AND D		12.		L DDITIONS/CHANGES TO OFFICERS	AND DIDEON		4
TITLE	PST	☐ Detate	TITLE	74	DUTIONS/OF WINGES TO OFFICERS	Chan		18
NAME	SCHAFER, VERA LUCIA		NAME			L) VIGIS	ile 🗀 variation	CR2E034 (4/02)
STREET ADDRESS CITY-ST-ZIP	320 S. FLAMINGO ROAD #191 PEMBROKE PINES FL 33027		STREET ADDRESS					ğ
TITLE	VPD		CITY-SI-ZIP					1 2
NAME	SCHAFER, VERA LUCIA	Oelete	TITLE NAME			☐ Chang	ge 🔲 Addition	12
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NAME		☐ Delete	TITLE NAME			☐ Chang	e 🔲 Addition	}
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TITLE NAME		☐ Deleta	CITY-ST-ZIP TITLE NAME	<u>. </u>		☐ Change	B ☐ Addition	}

13. 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 it 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 the supplemental true and true and the supplemental true and true

SIGNATURE: