2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

U	HILOKW DASINE	33 KEPUKI (UD	m)		SCCI	ctar y) UI	Stat	νC
1. Entity Nan	MENT # P010000057	771 					-2003 9020			
1108 KANE (ce of Business CONCOURSE, SUITE #200 ISLANDS, FL 33154	Mailing Address 1108 KANE CONCOURSE, S BAY HARBOR ISLANDS, FL								
2. Principal F	Place of Business N.E. 163 Street	3. Mailing Address 1820 N.E. 163 Street			_					
Suite, Apt.	#, etc. # 100	Suite, Apt. #, etc. Suite #100				CHECK HERE	IF MAKING CH	ANGES		
Nort	Miami Beach, FL	North Miami	B	each	FL 4.	FEI Number		_ 	plied For at Applicable	1
Zip 32	3162 Country USA	Zip 33162	Count	try USA		Certificate of Status Desired	□ Fee	.75 Add Require		
	Name and Address of Current F	Registered Agent			7.	Name and Address of New R	egistered Age	nt]
STEIN, ERIC P ESQ. 913 NORMANDY DRIVE MIAMI BEACH, FL 33141				Name Street Add	ERIC P. STEIN, ESQ. ddress (P.O. Box Number is Not Acceptable)					
				1820 N.E. 163 Street, Suite#1				100		1
				City No.	th 1	Yiami Beach	FL	Zip Cod	73/62	
the obligate SIGNATURE	e named entity submits this statement for tions of registered agent. Signalus, typical or printed name of segments a spirit a FILE NOWILL FEE IS \$150:00 May 1, 2003 Fee will be \$550:00 Fayable to Florida Department of	LIST AND LEADING (NOTE: F		P. STET J Agentsignature	,		DATE Lancing	, > <i>3</i> \$5.0	O May Be	
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10.	OFFICERS AND (11.			DDITIONS/CHANGES TO OFF		.		ے ا
TITLE	PD	☐ Delete	TITLE		PDS	0	<u>∠</u>	Change	Addition	100
NAME	STEIN, ERIC P	- #000	NAME		EKIL	P. STEIN	4 1 . 4	a # 10	١	원
STREET ADDRESS CITY-ST-ZIP	l = P			ET ADDRESS	1820	N.E. 163 Street Miami Beach	1, 5011	310	, o	¥
	······································					n Miami Deach				CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-2P	VPSD WASERSTEIN, RICHARD 1108 KANE CONCOURSE, SUITE BAY HARBOR ISLANDS, FL 331		Ħ	I .	,			Change	☐ Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	8	I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	2					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	TITLE NAME STREE					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1/1LE Name Stree					Change	☐ Addition	
	certify that the information supplied with t	his filing does not qualify for th			in Section	119.07(3)(i). Florida Statutes 1	further certify t	hat the in	formation	

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caytime Prione