## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2312 601 00 0

## FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90169 026 \*\*\*150.00

DOCU 1. Entity Ne EYE WA	tme	0006970		02-24-2003 90169 0.	26 ***150.00	
Principal Place of Business Mailing Address 2802 N. 29TH AVE.  HOLLYWOOD FL 33020 HOLLYWOOD FL 33020					<b>.</b> 1111   1114   1114   1115   1115	
Principal Place of Business     Mailing Address				- I FROMOGRAM ON BRITISH HADIN BRITISH DRIVIN BRITISH	5115 <b>8 19</b> 511 1 <b>93</b> 11 <b>59</b> 11 1 <b>59</b> 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES			
City-& State		City & State		4. FEI Number 65-1072935	Applied For Not Applicable	
Zip	Country	Zip	Country		.75 Additional Required	
6. Name and Address of Current Registered Agent			Name -	7. Name and Address of New Registered Agent		
PORTAL LIRAN						
2802 N.	29TH AVE.	(P.O.F.Box:Number-is:Not:Acceptable)	-			
HOLLYWOOD FL 33020				•		
/			City	City _ Zip Code		
8. The above named entity submits this statement for the purchase 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 the global agent any fide if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE						
the contract of the contract o					\$5.00 May Be Added to Fees	
10.	PD OFFICERS AND D	···	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE NAME	PORTAL, LIRAN	Delete	TITLE		Change 🗆 Addition 👸	
STREET ADDRESS CITY-ST-ZIP	2802 N. 29TH AVE. HOLLYWOOD FL 33020	11 (-1)-244	STREET ADDRESS		Change Addition Change Addition Addition Change Addition	
TITLE	VPD	Delete	тпе		Change Addition	
NAME STREET ADORESS CITY-ST-ZIP	PORTAL, RAFAEL 2802 N. 29TH AVE.	-	NAME STREET ADDRESS			
<del></del>	HOLLYWOOD FL 33020		CITY-ST-ZIP			
- TITLE		Delete	NAME	0 🗀	Change Addition	
STREET ADDRESS			STREET ADDRESS			
~ CITY-ST-2#P			CITY-ST-ZIP			
name		☐ Delete	TITLE NAME		Change Addition_	
STREET ADDRESS			STREET ADDRESS	•	1	
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NAME 1.	การกระทั่ง สูงกับได้ที่ผู้สู่สู่สูงกับ		NAME	त अन्य कार्याचे अपूर्व स्वाप्तक र	A Section 5	
STREET ADDRESS CITY-ST-ZIP	The second of th	المانية المستقدمة المستقدمة المانية ال المانية المانية الماني	_ STREET ADDRESS			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information						

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

<u> Signa</u>

RE REQUIRED

01-24-03

954-925-236

Daytime Phone #