## **FILED** FILED Apr 28, 2003 8:00 am \( \frac{1}{8} \)

Daytime Phone #

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

DOCU  1. Entity Nan  AWILLA 1	. 0.00	00075	93			Secretary of State 04-28-2003 90178 034 ***158.75				
Principal Place of Business Mailing Address 1395 NW 167TH STREET 2033 SW 117TH AVE UITE 110A MIRAMAR FL 33025 MIAMI FL 33169					ENUE					
2. Principal F	Place of Busin	ess	3. Mailing Address			1			( <b>8100</b> (111 140)	
Suite, Apt	#, etc.	<u>e</u>	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4. FE	65-1068661	<del></del>	oplied For ot Applicable	
Zip	Zip Country		Zip Countr		ountry	<b>5.</b> Ce	ertificate of Status Desired	\$8.75 Add	litional d	
	6. Name	and Address of Current	Registered Ager	nt	Name	7. Na	me and Address of New Registere			
LOVETT, MICHAEL N					<del></del>	Street Address (P.O. Box Number is Not Acceptable)				
2033 SW	NUE			Street Address		(Number is Not Acceptable)	<del></del>			
MIRAMAR FL 33025					City			Zip Code		
the above		ay omits this statement for any of the state	1/1	XOUX	lered office or registe		it, or both, in the State of Florida. Ya	m familiar with,	and accept	
Afte Make Checi	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o					Election Campaign Financing     Trust Fund Contribution.	Added	<b>0</b> May Be I to Fees	
10.  TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP	PTD LOVETT, M 2033 SW 1 MIRAMAR	17TH AVENUE		Delete T	1. ITLE IAME TREET ADDRESS ITY-ST-ZIP	ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTORS  ☐ Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOVETT, B	rendette e 17th avenue		N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP			Change	Addition	
INTLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVETT, R	OBIN L 17-TH:AVENUE	and the second	N	ITLE IAME TREET ADDRESS	- - -	and the second s	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE CHIEF THE	- L GOOLD		N S	ITLE AME TREET ADDRESS ITY-ST-ZIP		-	Change	☐ Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N S	ITLE AME Treet address ITY; ST-Zip			Change	☐ Addition	
ITLE IAME STREET ADDRESS STTY-ST-ZIP				N S	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	on this report poration or the	or supplemental report is	s true and accurat owered to execute	e and that my sig: this report as req	nature shall have the	same leg	9.07(3)(i), Florida Statutes. I further of pal effect as if made under oath; that Statutes; and that my name appears	I am an officer	or director	