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

2( UN	003 FOR PR	OFIT CORPOR	RATION T (UBR)			TILED 2003 8:0 ary of Sta	0 am	0351506
DOCU  1. Entity Nam  MK BILLI	ne	1000018049				ary of Sta		₽
IAIL DIEM	140, 1140							
Principal Plac 7595 NW 441 APT 1604 LAUDERHILL		Mailing Address 7595 NW 44TH STREET APT 1604 LAUDERHILL FL 33319						
2. Principal P 3160 Suite, Apt.	Place of Business The C+ #, etc.	3/60 NW. Suite, Apt. #, etc.	) (ast ct	-		IF MAKING CHANGES		
Felity & Stat	inderdale Fi	Per Plander	ble Fi	4	. FEI Number 65-108214	^ <del>  -</del>	oplied For	}
3330 9	Country	3309	Country	5.	. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of (	Current Registered Agent	Name L	7.	Name and Address of New I	Registered Agent		
	MICHELLE			1)CC1 dress (P.O.	MICHELE  Box Number is Not Acceptable	e)		1
	44TH STREET		31/	<u> </u>	111 (8th of			
APT 1604 LAUDERI	+ HILL FL 33319		3161 City 43	<u> </u>	10 00° U	FL Zip Cod	e <sub>c</sub>	
8. The above	named entity submits this state	ement for the purpose of changing its	registered office or re	egistered a	agent, or both, in the State of Fl		and accept	-
!	ions of registered agent.	Unow			Ц.	-15-03		
SIGNATURE .	Signature, typed or printed name of registe	ered agent and title if applicable. (NOT	TE: Registered Agent signature	required when	n reinstating)	DATE		
After	ILE NOW!!! FEE IS \$150.  r May 1, 2003 Fee will be \$5  c Payable to Florida Departs	550.00			Election Campaign Fi Trust Fund Contribution		0 May Be to Fees	i
10.		RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	P KNEER, MICHELLE	☐ Delete	TITLE NAME	31115	nul GRACH	Change Change	Addition	(10/02)
STREET ADDRESS CITY-ST-ZIP	7595 NW 44TH STREET, A LAUDERHILL FL 33319	APT 1604	STREET ADDRESS CITY-ST-ZIP	TO A	Truderdate	1-33305		188 188
TITLE		Delete	TITLE	VP -	nw 68th ct Landerdale, Douglas	☐ Change	Addition	CR2E03
NAME STREET ADDRESS			STREET ADDRESS	3160	nw 68+ ch	222AP		
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP	16.1	muziane pe	<u>22009</u> □ Change*	- Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE		<del></del>	☐ Change	Addition	j
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	}
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	1
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
indicated of the cor	on this report or supplemental poration or the receiver or trust	lied with this filing does not qualify for report is true and accurate and that see empowered to execute this report ddress, with all other like empowered	my signature shall hav t as required by Chap	re the sam	e legal effect as if made under	oath; that I am an officer	or director	