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## ADMIE DOMENTS

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Principal Place of Business   Mailting Address   290 NW 165th ST   N. Miami, FL 33169   N.	DOCU 1. Entity Nam	MENT # PO\OOO		FILED Jan 02, 2002 8:00 Secretary of State				
N. Miami, FL 33169  2. Principal Place of Business  3. Maining Address  Suite, Apt. Felc.  City & State  City & St	Principal Plac	e of Business	Mailing Address			Secreta	iry or k	state
Suite, Apt. #, etc.  City & State  City & St			Suite P	Н2				
City & State   City & City & State   City &	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country 5. Confidence of Status Desired   \$8.75 Additional Fee Required   \$8.7	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Securificate of Status Desired   \$8.75 Additional Fee Required   \$9.75 Additional Fee Requir	City & State		City & State		•	4. FEI Number	At 22.1	
Name	Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	litional
Messinger, David S. 20533 Biscayne Blvd Suite 4N123 Aventura, FL 33180  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  Signature, bread or pread many of registered agent and test a september of changing its registered agent, or both, in the State of Florida.  Signature, bread or pread many of registered agent and test agent agent agent agent and test agent agen		6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registe	<del> </del>	
Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable (P.O. Dox Number is Not Acceptable) 290 NW 165th St Street Address (P.O. Dox Number is Not Acceptable (P.O. Dox Number is Number is Not Acceptable (P.O. Dox Number is	•	der David C		M	ichae	l J. Linde		
Suite 4N123 Aventura, FL 33180  Suite PH2 City N. Miami FL Zip Code 33169  8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signatur, hybrid or preed name of impatred spent and that applicate in the purpose of charging its registered office or registered agent, or both, in the State of Florida.  10. Election Campeign Financing Trust Fund Contribution.  10. Election						P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, hyade or correct care of imported agent and time if excitation.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  TILL  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  TILL  Messinger, David S.  SIMETADORESS  20533 Biscayne Blvd  GITY-ST-2P  TILL  MARK  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  Wisher Check Payable to Department of State  Mark  Michael J. Linde  SIMETADORESS  20533 Biscayne Blvd  GITY-ST-2P  TILL  MARK  SIMETADORESS  GITY-ST-2P  TILL  MAR	Suite 4N123							
8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Forda.  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax hilling requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  Messinger, David S.  STREET ADDRESS  20533 Biscayne Blvd  31869  111	Aventu.	ra, FL 33180		City				
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SIGNATURE Signature. Speak or perted name of imposterial agent and title if application.  9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. Delete  14. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. Delete  16. Election Campaign Financing Trust Fund Contribution.  17. The Contribution.  18. Added to Fees Added		,	$A_{1}NC$	. a glorator billos bi		,		
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 frust Fund Contribution.   Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   Messinger, David S.   Make   Michael J. Linde    STREET ADDRESS   20533 Biscayne Blvd   Aventura, FI. 33180   Delete   Make    TITLE   MAKE   Make   Michael J. Linde   Michael J. Linde   Michael J. Linde    STREET ADDRESS   CITY-ST-2P   N. Miami, FL 33169   Middlion    TITLE   Make   Make   Michael J. Linde   Michael J. Linde   Michael J. Linde    STREET ADDRESS   CITY-ST-2P   N. Miami, FL 33169   Middlion    TITLE   Make   Make   Middlion    TITLE   Make   Make   Middlion    TITLE   Make   Make   Make    STREET ADDRESS   CITY-ST-2P    TITLE   Make   Make    STREET ADDRESS   CITY-ST-2P    TITLE   Make   Make   Make    TITLE   Make   Make    TITLE   Make   Make   Make    TITLE   Mak		i. Signature, typed or printed name of registered agent a	X	: Registered Agent signatu	ure required who	en reinstang) D	ATE	
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13. I hereby 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 clock 13 if		ertify that the information supplied with t	his filing does not qualify for		ed in Section	on 119.07(3)(i), Florida Statutes. I furthe	r certify that the inf	formation