CR2E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90083 022 ***150 00

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DOCUMENT # P01000024914				
SRG REPRESENTATIVE SERVICES, INC				
DO NOT WRITE IN THIS SPACE			·	
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2. Principal Place of Business 7627 TRAPANL LN	3. Mailing Address SAme:		DO NOT WRITE IN THIS	SDACE
Suito, Apt. #. etc.	Suite, Apt. #, etc.			Applied For
BOYNTON Beach, 7C	City & State		65-1087908	Not Applicable
33437 - PALM Beac	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required.
7. Name and Address of Current Registered Agent				
Namo Filings, INC.				
				Leet
INTHIS SPACE				
City FT Lauded ale, FL Zipsode 3331				
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.				
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SIGNATURE Signature, typera or prismal notice of required opens	and this dispolarization (MOTE:	Registrated agent semicine required	I when rainstance: DATE	
9. This corporation is eligible to satisfy its Intendictle Fax filling requirement and elects to do so. (See criteria on pack) January (: May 1: Fee is \$150.00 3 After May (): Fee is \$550.00 3 Amended UBR is \$61.25		A STATE OF THE STA	1	
Tax filing requirement and elects to do so.	After May 1	l, Fee is \$550.00***** UBR is \$61.25	Trust I drie Continued	\$5.00 May Be Added to Fees
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Tax filing requirement and elects to do so.	After May Amended Make Check Payabl DIRECTORS	Fee is \$550.00 UBR is \$61.25 e to Department of Sta	Trust Fund Contribution.	
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13. Thereby cortify 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 eath; that I am an officer or directe 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: 🗷

SIGNATURE AND APED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Sheila R. GERShowitz

4/16/02

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