

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0196967 AV

DOCUMENT # P01000034938

1. Entity Name
CHANGES INTERNATIONAL, INC.

04-01-2002 90720 001 *****8.75
 04-01-2002 90720 002 ***150.00

Principal Place of Business
1501 NORTH POINT PARKWAY
SUITE 100
WEST PALM BEACH FL 33407

Mailing Address
%THOMAS J. SKOLA. ESQ.. BECKER & POLIAKOFF
5201 BLUE LAGOON DRIVE. SUITE 100
MIAMI FL 33126-2065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5841 Corporate Way		3. Mailing Address	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
4. FEI Number 52-2311371	Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33407	Country USA	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKOLA, THOMAS J 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Patel, Ajit 5201 Blue Lagoon Dr., Suite 100 Miami, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patel, Rakesh 5201 Blue Lagoon Dr., Suite 100 Miami, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Skola, Thomas J. Esq. 5201 Blue Lagoon Dr., Suite 100 Miami, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherry Mazorra* **Sherry Mazorra** **3/13/02 (561) 835-3777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)