

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90135 021 ***158.75

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DOCUMENT # P01000034938



1. Entity Name
CHANGES INTERNATIONAL, INC.

Principal Place of Business
5841 CORPORATE WAY
SUITE 200
WEST PALM BEACH FL 33407

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2311371

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 THOMAS J. SKOLA
Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE, STE. 602
MIAMI
City MIAMI FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	PATEL, AJIT	5201 BLUE LAGOON DRIVE, SUITE 100	MIAMI FL 33126	<input type="checkbox"/>
D	PATEL, RAKESH	5201 BLUE LAGOON DRIVE, SUITE 100	MIAMI FL 33126	<input type="checkbox"/>
S	SKOLA, THOMAS J ESQ	5201 BLUE LAGOON DRIVE, SUITE 100	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		501 BRICKELL KEY DRIVE, STE. 602	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		501 BRICKELL KEY DRIVE, STE 602	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		501 BRICKELL KEY DRIVE, STE. 602	MIAMI, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Skola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. SKOLA

1/15/03 (305)577-3988
Date Daytime Phone #

CR2E034 (10/02)