

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90060 040 \*\*\*150.00

**Abstract**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>11.</b>		<b>OFFICERS AND DIRECTORS</b>		<b>12.</b>		<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	D <b>LAWRENCE, YANIQUE</b> <b>8362 PINES BOULEVARD #259</b> <b>PEMBROKE PINES FL 33024-6600</b>	<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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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:** [Signature] 3/11/02 305-6269263  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)