FILED Apr 17, 2003 8:00 am Secretary of State

TITLE Delete TITLE NAME STREET ADDRESS STREET A	DOOL		# 50400000		,	THE TOWN	7		04-17	-2003	90611	010 ***	150.00
UNIVERSAL DATA SERVICES OF BROWARD, INC. Principal Prace of Business 4101 A MIDRES AVE 510 COLUMN 61 A State 61 COLUMN 61 A State 61 COLUMN 61 A State 61 COLUMN 62 COLUMN 63 A STATE AVE 61 COLUMN 64 COLUMN 65 A STATE AVE 65 COLUMN 65 A STATE AVE 66 A TEN NUMBER 65			# PU1000038	5004	,								
Maling Address 4101 NANDERS NE 4101 NANDERS NE 4101 NANDERS NE 4105 FORT LUDEROULE, FL 33309 2. Principal Place of Business Suite, ASI, #, etc. City & State SCHLIMBER, KARL SCHLIMBER, KARL City & State City & FL Zip Coole A The active interest city Aubthin this statement by the purpose of changing its registered agent, or both, in the State of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the acceptance of Prints. That familiar will will be accepted with a familiar will be accepted with a familiar will be accepted with a familiar will be accepted wit	UNIVERS	ÄL DATA	SERVICES OF B	ROWARD, INC.									
Maling Address 4101 NANDERS NE 4101 NANDERS NE 4101 NANDERS NE 4105 FORT LUDEROULE, FL 33309 2. Principal Place of Business Suite, ASI, #, etc. City & State SCHLIMBER, KARL SCHLIMBER, KARL City & State City & FL Zip Coole A The active interest city Aubthin this statement by the purpose of changing its registered agent, or both, in the State of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the activities of Prints. That familiar will, and accept the acceptance of Prints. That familiar will will be accepted with a familiar will be accepted with a familiar will be accepted with a familiar will be accepted wit				L			ĺ				ъ.	116.113	
4101 N NINDERS ARE #305 FORT LUNDERDALE, FL 33309 FORT LUNDERDALE, FL 33309 2. Principal Prince of Blusheers Suite, Apt. #, etc. City 6 State City 7 State City 6 State City 7 State City 6 State City 7 State City 6 State City 7 Sta	Description of Project							00000302					
#395 FORT LUBERALE, FL 33309 2. Principal Place of Business Suits, Apl. 6, etc. City & State	· ·											*** *	
S. June Appl. F. etc. Sulle, Appl. F. etc. City & State A. FEI Number 65-1100044 Not Applications Sold	#305			#305			1						-
Surta, Apt. F, etc. CHECK HERE IF MAKING CHANGES City 6 State City 6 State 4. FEI Number 85-1100044 Applied For Into	FORT LAUDE	RDALE, FL 3	3309	FORT LAUDERVALE, FL	33309								
Surta, Apt. F, etc. CHECK HERE IF MAKING CHANGES City 6 State City 6 State 4. FEI Number 85-1100044 Applied For Into	2. Principal F	Place of Busin	ness	3. Mailing Address			-						
City & State City & State City & State Zip Country Zip Country 8. Certificate of Status Desired Set Aprillog Dive Not Applicable Not Applicable					a maning rise cos								
Scriticate of Status Desired Set 55 districts	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
School Section Secti	City & Stat			City & State			A FFI Number						
S. Celtificate of Status Deviced	L	•		Ony I State					35-110(0044		·	·
SCHUMER, KARL A The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florios. I am familiar with, and abovest her disjustics of gradient agent, purpose of changing its registered agent, or both, in the State of Florios. I am familiar with, and abovest her disjustics of gradient agent. SIGNATURE A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florios. I am familiar with, and abovest her disjustics of gradient agent. SIGNATURE (NOTE Registered agent, or both, in the State of Florios. I am familiar with, and abovest her disjustics of gradient agent a	Zip		Country	Zip	Zip Cour		try 5. Certificate of S			sired			
SCHUMER, KARL 19466 BISCATNE BLVD. #400 AVENTURA, FL 33190 Since a power remode entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fronce. I am familiar with, and accept the obligations of registered agent. SIGNATURE ### Application and registered agent. SIGNATURE ### Application and registered agent. SIGNATURE ### Application and registered agent. ### Applica		.6. Name	and Address of Curren	t Registered Agent	<u> </u>	T	7. Na	me and Ad	dress of	New Re	gistered		9d
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent. SIGNATURE Signal F plant is good or persent inner of registered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent. NOTE: Plant in the State of Florida. I am familiar with, and accept the disligations of negistered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of negistered agent, or both, in the State of Florida. I am familiar with, and accept the disligations of the disligation of the control of pagents with a page of the disligation of the control of pagents with a page of the pagents agent, and accept the disligation of the control of pagents agent, and accept the pagent agent, and accept the pagents agent, and accept the pagent agent agent, and accept the pagents agent agent agent agent						Name					3		
AVENTURA, FL 33190 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of registered agent, or both, in the State of Florida. I am familiar with, and accept the Collisions of Plorida State of Collisions of Plorida State of Collisions of Plorida State of Collisions of Collisions of Collisions of Collisions of the registered agent, and accept the Addition of the collisions of the registered agent a			D. ≇40 9		Street Address			x Number (s	Not Acce	eotable)			
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	AVENTURA	A, FL 33180)										
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 FILE NOVIVIL PLEE IS \$150.00 FILE NOVIVIL													
the obligations of registered agent. SIGNATURE						City					FL	Zip Coo	de
SIGNATURE Systation, 1,764 or printed named of agreemed pages and the 4 applicable. (NOTE Replace)	8. The above	named entity	y submits this statement t	for the purpose of changing its	register	ed office or register	ed ager	nt, or both, in	n the State	of Flor	ida. I am	famillar with	, and accept
FILE NOWIT FEETS \$150.00 ARE'N May 1 2003 Fee will be \$55.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. NAME 10. WEINTRAUB, MICHELE NAME 10. OFFICERS AND DIRECTORS 11. NAME 10. WEINTRAUB, MICHELE NAME 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11. INE NAME 10. SISTER ADDRESS 10. OT-3.2P 10. OFFICERS AND DIRECTORS IN 11. INE NAME 10. SISTER ADDRESS 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. INE NAME 10. SISTER ADDRESS 10. OT-3.2P 10. INE NAME 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT-3.2P 10. OT	, the obligat	tions of regist	ered agent.										
FILE NOW!!! FEE IS \$150.00 ARE May 1 2003 Fee will be \$50.00 ARE May 1 2003 Fee will be \$50.00 ARE May 1 2003 Fee will be \$50.00 The May 2 2003 Fee will be \$50.00 The Fee will be \$50.00 The May 2 2003 Fee will be \$50.00	SIGNATURE		4										
ARSY 189 / 1003 F.a. will fax 4550.00 May Be added to Fooe Makes Check Paysible to Florido Dapartment of Stoke 18 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PUBLICATION OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE WEINTRAUB, MICHELE NAME OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE NAME OFFICERS AND DIRECTORS IN 11. TITLE NA		Alvanda Santa da Majo		ti and bile ii applicable. (NOII	E: Raysigra	al Agentsignature recurred	When rema	turing)			CATE		
Make Creek Payable to Floridal Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WEINTRAUB, MICHELE VITILE NAME STATE ADDRESS COTY-S1-2P TITLE NAME STATE ADDRESS COTY-S1-2P TIT		FILE NOVVI • May 1 200	II. FEE IS \$150.00 33 Fee will be \$550.00	1			[9. Electio	n Çampal	lgn Fina	ncing	\$5.0	O May Be
Internation Delete Internation Delete Internation Delete Internation Delete Internation Delete Internation	Make Check	c Payable to	Fjörjda Department	of State			ļ	Trust F	und Cont	ribution	. [☐ Ádde	d to Fees
MANE SITERET ADDRESS CITY-ST-2P TITLE Delete TITLE Change Addition	10.		OFFICERS AND	DIRECTORS	11.		ADD	ITIONS/CH	ANGES TO	O OFFIC	ERS AND	DIRECTOR	S IN 11
STREET ADDRESS OTV-51-2P TITLE Delete TITLE Change Addition		1 -		Delete		- 1						☐ Change	Addition Addition
CITY-ST-2P FT LAUDERDALE, FL 33309 CTY-ST-2IP Delete		J	7.76.		D D	}							
TITLE MAME STREET ADDRESS COTY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS COTY-ST-2P TITLE NAME STREET ADDRESS COTY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS COTY-ST-2P TITLE	CITY-ST-2P				li i	.							
NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P	TITLE	<u> </u>		☐ Delete	160	E						☐ Change	Addition
CITY-ST-ZIP Delete	NAME					L							
NAME SIREET ADDRESS CITY-ST-ZP Delete NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-	CITY-ST-ZIP												
NAME SIREET ADDRESS CDY-ST-ZIP Delete TIFLE NAME STREET ADDRESS CDY-ST-ZIP TIFLE NAME STREET ADDRESS CDY-S	TITLE			☐ Delete	100	E -						☐ Change	Addition
CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CIT	NAME	} <u>.</u>			B -				يتد . سنة				
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP TITLE TITLE NAME STREET ADDRESS CITY-ST-2IP CITY					9								
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAM												☐ Channa	☐ Addition
CITY-S1-2IP CITY-S1-2IP CITY-S1-2IP CITY-S1-2IP	NAMÉ			C Delete	Ш	J						Cherrige	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE Delete TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE Delete TIFLE STREET ADDRESS CITY-ST-ZIP TIFLE STREET ADDRESS CITY	STREET ADDRESS				0								
NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-S1-2IP 1.2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fiorida 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 ampowered. SIGNATURE:					━—			·					
CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 ampowered. SIGNATURE:	NAMÉ			€_1 Dekele	i i							∐ ¢nange	L.; Addition
ITILE NAME STREET ADDRESS CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 ampowered. SIGNATURE:	STREET ADDRESS				li i	- }							
NAME STREET ADDRESS CITY-S1-ZP 12. 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 director of the corporation or the receiver or rursee 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 ampowered. SIGNATURE:	CITY-ST-ZP	,	· · · · · · · · · · · · · · · · · · ·		-								
STREET ADDRESS City-st-2F 12. 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 suppliemental 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:	TITLE			☐ Delete	3	J						☐ Change	Addition
city-st-2iP 12. 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 suppliemental 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: HID 13 954-565-740	STREET ADDRESS				\$								
indicated on this report or suppliemental 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 rivistee empowered to execute this required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withigh address, with all other like ampowered. SIGNATURE: HID 13 954-565-7400	CITY-ST-ZIP				i i								
of the corporation or the receiver or frustee 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 ampowered. SIGNATURE:	indicated	on this report	i or sundiemental recort i	is true and accurate and that n	IV Slonai	ture shall have the c	ame lec	ısi Affact se	if made u	nder os	th-that I a	m en officer	or director
SIGNATURE: 4/10/03 954-565-7790	of the con	poration or th	e receiver orvirusiee emi	powered to execute this report	as recui	red by Chapter 607,	, Florida	Statutes; a	nd that my	A uswe	appears i	n Block 10 o	r Block 11 if
ALONA THE TARET AND DESTREE AND DESTREE AND ACCOUNT OF THE PARTY OF TH			All	ponetied.		1		į II.	160		arı	1 /	1-104
SIGNATURE AREA TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Davis Carried Proper	SIGNAT	URE:	SIGNATURE ARM TYPED OR	PRINTED MANE OF MICHINIO OFFICED	OR DI DECT	ron .		7/10/	1 113		1/2/	1-205	<u> 771</u>