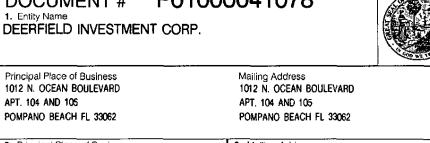
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000041078 **DOCUMENT#**



FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90148 026 \*\*\*150.00

DEE!!! IE!	INVESTIGATION .								
Principal Place of Business 1012 N. OCEAN BOULEVARD APT. 104 AND 106 POMPANO BEACH FL 33062		Mailing Address 1012 N. OCEAN BOULEVARD APT. 104 AND 105 POMPANO BEACH FL 33062							
2. Principal F	Place of Business	3. Mailing Address			1			BI FION OBUSE I	9099 ioil iodi
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. FEI Number 65-1112779			Applied For Not Applicable	
Zip	Zip Country		Zip Cour		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	ent		7. N	lame and Address of New R	egistered A	gent		
	Name -	Name *							
	Norbert M Icean Boulevard		e .	Street Address (	(P.O. Bo	ox Number is Not Acceptable	)		
APT. 104 AND 105				-					~
POMPANO BEACH FL 33062				City	`, y',		FL	Zip Cod	e
8. The above named entity stronglist 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 typisd or printed name of legistered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE									
After Make Check	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of					9. Election Campaign Fin Trust Fund Contribution	n.	Added	May Be I to Fees
10.	OFFICERS AND	-		11.	ADI	DITIONS/CHANGES TO OFF			
TITLE  NAME  STREET ADDRESS  CITY-SizZIP	ULRICH, NORBERT M 1012 N. OCEAN BLVD. #104 & 1 POMPANO BEACH FL 33062		Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Ē	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with			TITLE NAME STREET ADDRESS CITY-ST-ZIP	notine 4	10.07(2)(i) Fladda October		Change	Addition

rineled seven that the information supplied with this hilling 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 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 trusted ampowered 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 ampoyered.

**SIGNATURE:** 

Daytime Phone #