## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2003 8:00 am Secretary of State

Country	1. Entity Nan	MENT # P01000041	302		04-09-2003 90166 047 ****130.00	
Sitile, Apt #, etc.   Suite, Apt #, etc.   City & State   A. FEI Number   A. FEI Number   Applied For   Invest Applie	C/O ROBERT 424 HENDRI	F PREZIOSO CKS ISLE #7	C/O ROBERT F PREZIOS 424 HENDRICKS ISLE #	<b>17</b>		T)
City & State  Country  E. REI Number 65-1109447  Rost Applied For Not Ap	2. Principal i	Place of Business	3. Mailing Address			ļ
ZID Country Zip Country 5, Certificate of Status Desired STA Additional Plan Part Plan Address of Current Registered Agant 7, Name and Address of November (In the Country Status Desired Desired Status Desired Status Desired Status Desired Status Desired Desired Status Desired Status Desired Status Desired Status Desired Status Desired Desired Status Desired Desired Status Desired Desired Desired Status Desired Desired Desired Status Desired Des	Suite, Apt	. #, etc.	Suite, Apt. #, etc.			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7 FIT LAUDERDALE, FL 33301 City FL Zo Code  C		te	City & State		65-1109447 Not Applicable	•
PREZIONA   ROBERT F   424 HENDRICKS   SILE #7   FLAUDEPDALE, FL 3301   FLAUDEPDALE, FL 33	<b>Z</b> ip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
PREZIOSO, ROBERT F 424 HENDRICKS   SILE #7 FT LAUDERDALE, FL 33301  Street Address (P.O. Box Number   s Not Acceptable)  City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	]
B. The above named enthy subgitts his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations 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 t	424 HENDE	RICKS ISLE #7 1000	·	<u></u>	s (P.O. Box Number is Not Acceptable)	
The colligations of registered signit.    Signature   Systems, myellor primed parts of signature alignature and with it application.   NOTE Proposition Against ignature exprisationes instituting)   DATE	<u>:</u>			City	FL Zip Code	1
TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-S	the obligat	tions of registered agent.	ine parpose or changing it	s registere a conice ar regist	igred agent, or both, in the state of horiza. It am hammar with, and accept	
NAME STREET ADDRESS CITY-ST-ZP TITLE   Delete   TITLE   D	After Make Check	FILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 s Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	After Make Check 10. TITLE NAME STREET ADDRESS	PILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AND D PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7	of State	11. TITLE NAME STREET ADDRESS	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-2P  TIBLE NAME STREET ADDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P	After Make: Check Make: Check Title NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	PILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AND D PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7	of State DIRECTORS Delete	11.  THUE  NAME  STREET ADDRESS  CHY-ST-2IP  THUE  NAME  STREET ADDRESS	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	10000
NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TOTAGE NAME STREET ADDRESS CITY-ST-2IP  CITY-ST-2IP  TOTAGE STREET ADDRESS CITY-ST-2IP	After Make Check  10  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS	PILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AND D PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7	of State  DIRECTORS  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP 1TILE NAME STREET ADDRESS	9. Election Campaign Financing  \$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition	
NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P NAME STREET ADDRESS CITY-ST-2IP	After Make Criect Total Title Name Street address City-St-2P Title Name Street address	PILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AND D PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7	of State DIRECTORS Delete Delete	111.  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS	9. Election Campaign Financing Trust Fund Contribution.	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), 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	After Make Crieck To Title NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	PILE NOW!!! FEE IS \$150.00 May 1: 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AND D PREZIOSO, ROBERT F 424 HENDRICKS ISLE #7	Of State  DIRECTORS Delete Delete Delete	111.  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS	9. Election Campaign Financing Trust Fund Contribution.   Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition  Change Addition	

of the corporation of the receiver of 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.