## FILED Apr 28, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name		0041509				<b>etary</b> -2002 90179			
Principal Place	DR.			_ 25708					
LAKE PARK F	L 33403	LAKE PARK FL 33403							
1406	ACE OF BUSINESS FLACIEN BLVD.	ER BLI							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				TAILE IN THIS SEA			,
City & State	PARK FLA.	LAKE PARK	s, FLA	. 4. F	El Number 65-10°	97597	Not	Applicable	
334 334	Country A.	33403	Country U.S.A.	5. (	Certificate of Status Desire		8.75 Addi e Required		]
	6. Name and Address of Current I			7. A	lame and Address of Ne	w Registered Ag	ent		}
PANUZZO, ANTONIO 516 CYPRESS-DR. LAKE PARK FL 33403			Street Ad	dress (P.O. B	ox Number is Not Accept	able),			-
>CANE 179	NI I E GOTTO		City _	AKE	PARK	FL	Zip Code	103	
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent a		gistered office or I		<u>-</u>	f Florida.	<del> </del>		
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FEE IS \$150.0 Fee will be \$55 to Department	0.00 of State	10. Election Campaigr Trust Fund Contrib	ution.	Added	D May Be to Fees		
11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO			Addition	┤≘
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANUZZO, ANTONIO 518 CYPBESS-DR. LAKE PARK FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1406 LAKE	FLAGIER PARK, FLA	BLUA.	Change		CR2E034 (9/01)
TITLE NAME STREET ADDRESS		☐ Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	[	Change	☐ Addition	5
TITLE NAME	, para se la compansión en la paracer de la latera de la compansión de la compansión de la compansión de la co	Delete	TITLE NAME	ectes a .	•	-	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	رية المحادث والمحادث	<u>, 4</u>	STREET ADDRESS CITY-ST-ZIP	<del></del>		<u> </u>	7.85	E addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. [	Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			Ĺ	Change	Addition	
STHEET ADDRESS CITY-ST-ZIP		<i>.</i>	STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	<del>-</del>		(	Change	☐ Addilion	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					,	}
13. I hereby indicated of the co	certify that the information supplied with l on this report or supplemental report is reporation or the receiver or trustee empo	this filing does not qualify for the true and accurate and that my wered to execute this report as	e exemption state signature shall ha required by Char	ed in Section we the same oter 607, Flori	119.07(3)(i), Florida Statut legal effect as if made und da Statutes; and that my t	es. I further certify der oath; that I am name appears in 6	/ that the in an officer Block 11 or	or director Block 12 if	