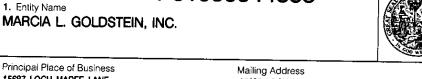
FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90076 006 \*\*\*150.00

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

P01000044553 DOCUMENT #



Principal Place of Business 15687 LOCH MAREE LANE APT. 2405 DELRAY BCH FL 33446		Mailing Address 15687 LOCH MAI APT. 2405 DELRAY BCH FL		
2. Principal Place of Business		3. Mailing Addres		
Suite, Apt. #, etc.		Suite, Apt. #, e		
City & State		City & State	4. FEI Number	
Zip	Country	Zip	Country	5. Certificate of S
6. Name and Address of Current Registered Agent				7. Name and Ad
GOLDSTEIN, 15687 LOCH APT. 2405 DELRAY BCH	MAREE LANE	لاياد ووارد الشعار داد مسر	Street Add	dress (P.O. Box Number is

CHECK HERE IF MAKING CHANGES Applied For 65-1109094 Not Applicable \$8.75 Additional Status Desired Fee Required dress of New Registered Agent Not Acceptable) City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 In TITLE

NAME STREET ADDRESS CITY-ST-ZIP	GOLDSTEIN, MARCIA L 15687 LOCH MAREE LANE, APT. 2405 DELRAY BCH FL 33446	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	-	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition

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 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

CITY-ST-ZIP

SIGNATURE: