2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Feb 18, 2003 8:00 am	
DOCI	UMENT # P0100	0046203		Secretary of State 02-18-2003 90095 018 ***150.00	
400 S POINTE DRIVE 40 SUITE 2401 SU		Mailing Address 400 S POINTE DRIVE SUITE 2401 MIAMI BEACH FL 33139			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State		4. FEI Number 65-1103034 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current Re	egistered Agent		Fee Required	
			Name	7. Name and Address of New Registered Agent	
ZOCCHI, NICHOLAS 400 S POINTE DRIVE #2401			Street Addre	dress (P.O. Box Number is Not Acceptable)	
MIAMI BE	EACH FL 33139			-	
			City	FL Zip Code	
8. The abov	e named entity submits this statement for ti	he purpose of changing it:	s realistered office or real	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SiGNATURE	·				
[∌] Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		TE: Registered Agent signature rec	9. Election Campaign Financing\$5.00 May Be	
10.	k Payable to Florida Department of S			Trust Fund Contribution. Added to Fees	
TITLE	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ZOCCHI, NICHOLAS J 400 S POINTE DRIVE UNIT 2401 MIAMI BEACH FL 33139	□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additio	
TITLE			CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		Delētē →	NAME STREET ADDRESS	☐ Change - ☐ Addition	
TITLE			CITY-ST-ZIP		
NAME Street address		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP		
NAME Street adoress City-St-Zip		Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE . NAME STREET ADDRESS	Change Addition	
CITY-ST-ZIP	ż.		OTHEET ADDRESS		

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-532-5176