

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90044 010 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000049749	
1. Entity Name 1429 SE 14TH STREET CORP.	

90100590

DO NOT WRITE IN THIS SPACE

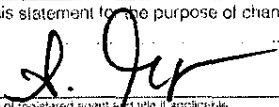
2. Principal Place of Business 1041 SE 17th STREET Suite, Apt. #, etc. 101 City & State FT. LAUDERDALE, FL Zip 33316 Country USA	3. Mailing Address 1041 SE 17th STREET Suite, Apt. #, etc. 101 City & State FT. LAUDERDALE, FL Zip 33316 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0359469	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ALEXANDRA MAGER	
	Street Address (P.O. Box Number is Not Acceptable) 1041 SE 17th STREET	
	City FT. LAUDERDALE	Zip Code FL 33316

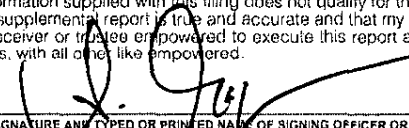
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Administrator** DATE **4/14/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating.)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KUTZ, UWE DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JPATD APR 17 2003 BY: 2053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FREY, WILLY DOCKSIDE, CLOISTER DRIVE NASSAU, BAHAMAS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/14/03** DAYTIME PHONE # **954-523-3131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)