2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2003 8:00 am

Procedual Place of Estations WESTON PR. 2008-9599 Z. Phinopal Place of Business Suite, April #, etc. City & State City & St	1. Entity Na	JMEN I # PI ame NG PLATES, INC.	010000	50320					02-26-2003 9	ry 01 S 0117 049 ***1	
SUITO API, F. etc. CITY & State CITY & Sta	696 STANT WESTON F	ON DRIVE	696 WES	STANTON DRIVE					T HADINARI AN ARIRI MAN BUSH DAR	II OOHII BOID) OTIII DAIR	1 aaat abu daa loo
City & State Coy & State Country So Country	2. Principal	Place of Business	3. Ma	3. Mailing Address							
Zip Country Zip Country Zip Country S. Certificate of Status Desirad S8.75 Additional Fee Required Agent SCHWEITZER, CHARLES E CPA 1040 BAVVIEW DRIVE #320 FORT LAUDERDALE FL 33304-0532 City FL Zip Code 8. The above named entity submits this stationment for the purpose of changing its registered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body, in the State of Florida 1 am familiar with, and eccept me explications of inglistered agent, or body			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
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SCHWEITZER, CHARLES E CPA 1040 BAYVIEW DRIVE #320 FORT LAUDERDALE FL 33304-0532 City FL Zip Code a. 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 oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of Florida Department of State Interpolation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethors of registered agent, or both, in the State of Florida. I am familiar with, and accept the oxygethor of Florida Department of State Interpolation of Florida Department of State OFFICERS AND DIRECTORS IN 11 INTERPOLATION OFFICERS AND DIRECTORS IN 1	Zip				1	try				Fee Req	Additional
SCHEFLADORS ORIVE #320 FORT LAUDERDALF FL 33304-0532 City FL Zip Code City FL Zip		Traine and Address Of	- Current Registere	o Agent		Name		7-Nan	ne and Address of New Re	gistered Agent —	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of designations of registered agent. Signature Sign	1040 BA	YVIEW DRIVE #320					2.O. Box Number is Not Acceptable)				
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, Speed or printed name of registered agent and sale if apolecable. (NOTE: Registered Agent signature, requiring) DATE					ļ	•	 				
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-51-2IP WARFEL, KEILLY F STREET ADDRESS CITY-51-2IP WESTON FL 33326 ITILE NAME STREET ADDRESS CITY-51-2IP ITILE NAME STREET ADDRESS CITY-51-	•									da. I am familiar w	ith, and accept
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Therefore certify that the information 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

SIGNATURE: