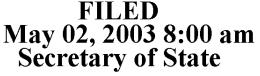
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000054014 **DOCUMENT #**

Entity Name AWRENCE SCHARFMAN (C.P.A., P.A.	
incipal Place of Business	Mailing Address	



FILED									
May 02, 2003 8:00 am									
Secretary of State									
05.02.2003.00115.044.***150.00									

Principal Place of Business 9608 HONEY BELL CIRCLE BOYNTON BEACH FL 33437		9608	Mailing Address 9608 HONEY BELL CIRCLE BOYNTON BEACH FL 33437									
2. Principal Place of Business		3. Ma	3. Mailing Address									
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City	& State			4. F	FEI Number 13-3144934	<u> </u>	<u> </u>	oplied For ot Applicable	
Zip		Country	Zip		Country	,	5. (Certificate of Status Desired [8.75 Ad ee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent								
		1,30				Name						
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street Address ((P.O. Box Number is Not Acceptable)						
	ABLES FL		÷						<u> </u>	-		
		·				City			FL	Zip Cod		
the obliga	e named entity tions of regist		or the purp	oose of changing its	registered	office or registe	red ag	ent, or both, in the State of Florida.	l am fa	miliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registered A	gent signature require	d when re	einstating)	DATE]	
		! FEE IS \$150.00 3 Fee will be \$550.00				T	_	Election Campaign Financia Trust Fund Contribution.			May Be	
Make Check	k Payable to	Florida Department o	f State	1				ridser and contribution.		Auge	1,01 665	
10.		OFFICERS AND	DIRECTO	DRS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	DIRECTOR	S IN 11	
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12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED