## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

DOCUM  1. Entity Name	MENT #POLO	20000	3301		, 05-27-2002 9	90394 04	49 ***150.00
Boca Art : Frame, INC.					ក្នុង ២ ប <b>រ</b>		
D	OO NOT WRITE	IN THIS S	PACE				
2. Principal Plan	eston Rd.	3. Mailing Address					
Suite, Apt. #,		Suite, Apt. #, etc.	<u> </u>		DO NOT WRITE IN T	HIS SPACE	Ē
City & State	o Florida	City & State			El Number 5 · 1114515		Applied For Not Applicable
Zip 33336V	Country	Zip	Country	<del></del>	Certificate of Status Desired		5 Additional lequired
-5-2 44 2000	The state of the s			7. Na	me and Address of Current Regis	tered Ager	11
The second secon			Name DAV	ייםו.	A. WINTER MYER		
	DO NOT WI				ox Number is Not Acceptable)	. ,	
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			[ 2 14 ]	MS	STON ROAD		
			City			<b></b> 1 7i	in Code - I
1.75			City WE	STO		FL Z	ip Code 33326
8. The above n	named entity serimits this stylement for	the purpose of changing its	WE.		7	FL Z	33326
SIGNATURE	named entity seromits this systement for		s registered office or regist	ered age	Nent, or both, in the State of Florida. 4-3		
SIGNATURE		d title if applicable. (NOT	s registered office or regist	ered age	Nent, or both, in the State of Florida. 4-3	FL Z	
SIGNATURES	named entity sat/finits this stylement for agreement greater, speed or printed name of registered agent are attion is eligible to satisfy its Intangible equirement and elects to do so.	d stile if applicable. (NOT 3 January 1 - M After May Amende	s registered office or regist  TE: Registered Agent signature requi  May 1 Fee is \$150.00  y 1, Fee is \$550.00  ad UBR is \$61.25	ered age	Nent, or both, in the State of Florida. 4-3	0 ~ 0 G	
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13. Thereby certify that the information supplied with this filing roses not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and curate 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 true elemptore of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all piner like empowered.

TITLE -

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CHY-ST-ZIP

NAME

MINIS A. WINTERMYPH

4-30-02

954-385-6972

Date: