## ~2002 Uniform Business Report (UBR) DOCUMENT #

## FILED Apr 15, 2002 8:00 am

1. Entity Nam		, 10100	JUU61U48				Secretary	ui Stat	ıe	٠,
· ·		NING, INC.					04-15-2002 90000	5 011 ***150.0	0	₹
			1 1							
Principal Plac	ce of Business		Mailing Address			_				
5415 HOLLYWOOD BLVD. #8			5415 HOLLYWOOD BLVD. #8			1				
HOLLYWOOD FL 33020			HOLLYWOOD FL 33020			ĺ				
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	Place of Busine		3. Mailing Address	E 120	AD7	5007H	1901/001	13 <b>00</b> 12 <b>0 0</b> 4100 71 <b>0</b> 13 <b>00</b> 13 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite #237			DO NOT WRITE IN THIS SPACE				
City & Stat	MAR,	FLOPIDA	City & State MIRAMAR,		ORIDA	4. 8	El Number 65-1119129	No	pplied For ot Applicable	
3302	23	U.S.A.	33023	Count	ў. <b>5.</b> Д.	5. 0	Certificate of Status Desired [	\$8.75 Add Fee Require		
	6. Name a	and Address of Current	Registered Agent		Name	7. N	lame and Address of New Regis	tered Agent		┨
KOFFLER, DENNIS J CPA						(D A B	BO Banklandari Mat Assault III			
3900 HOLLYWOOD BOULEVARD			 		Street Addre	ess (P.O. B	ox Number is Not Acceptable)	-		
,	JSE NORTH									]_
HOLLYWO	OOD FL 3302	21			City			FL Zip Code	Э	
7 The above	named entity	submits this statement fo	r the purpose of changing its	registere	d office or reg	gistered ag	ent, or both, in the State of Florida.	<del></del>		
			**************************************							
SIGNATURE .	Signature, typed or	printed name of registered agent	i and title if applicable. (NOTE	: Registered	Agent signature re	equired when re	instating)	DATE		
9. This corpo	oration is eligit	ele to satisfy its Intangible	FILE NOW!	!! FEE !	IS \$150.00		10. Election Campaign Financi	na <b>¢5.0</b>	O May Be	]
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of Sta				Trust Fund Contribution.	~ _ ++	to Fees	
11.		OFFICERS AND	·	12.			L DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	1
TITLE	PD		☐ Delete	TITLE				☐ Change	Addition	(9/01)
NAME STREET ADDRESS	BARRAGAT	, INES M YWOOD BLVD. #8	:	NAME	; I					1 5
CITY-ST-ZIP			1	STREE	T ADDRESS					8
	HOLLING	OD FL 33020		ll l	Ĺ					1934
TITLE	TD	OD FL 33020	Delete	CITY-	ET ADDRESS ST-ZIP			☐ Change	Addition	CR2E034
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NAME	TD BARRAGAT 5415 HOLL	OD FL 33020	☐ Delete	CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP			_ ,	_	1934
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.