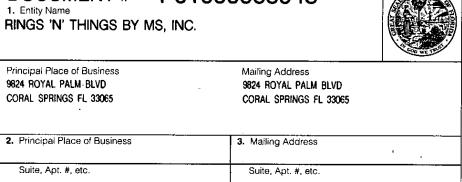
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000066045 **DOCUMENT#**

SIGNATURE SIGNA



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90161 015 \*\*\*150.00

Daytime Phone #

			COD WE	THE !				
Principal Place of Business 9824 ROYAL PALM BLVD CORAL SPRINGS FL 33065			Mailing Address 9824 ROYAL PALM BLVD CORAL SPRINGS FL 33065			ii <b>10</b> ii <b>9 o</b> iii <b>1</b> oii: <b>10</b> ii	<b>.</b>	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4 FEI Number 65-1121932	Applied For Not Applicable		7
Zip	Country	Zip	Country		5. Certificate of Status Desired [			1
<u>- · · · · · · · · · · · · · · · · · · ·</u>	6. Name and Address of Curr	ent Registered Agent	1 -		7. Name and Address of New Regis			┪
2 S UNIVE PLANTATION 8. The above	ERSITY DR SUITE 215 ON FL 33324  e named entity submits this statementions of registered agent.	nt for the purpose of changing it	Q ≤ City (₹)	Dいん Coloress (P.	EVEN TYME COLL SO BOX Number is Not Acceptable)  SURLSO BOX Number is Not Acceptable)	子し Zip Co	いん	
SIGNA TRE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signatur	e required w	vhen reinstatling}	11/37 DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen				9. Election Campaign Financi Trust Fund Contribution.	· /	00 May Be d to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11	1
NTLE NAME Street address City-St-Zip	PD FEFERKRANZ, STEVE F 9824 ROYAL PALM BLVD CORAL SPRINGS FL 33065	☐ Delete	STREET ADDRESS	9824	Fefer Kranz Royal Palm Blud. Springs FL 33065	☐ Change	<b>✓</b> Addition	00,07,700
TITLE Name Street address City-St-Zip	SD FEFER, MOSHE 600 PARKVIEW HALLANDALE FL 33009	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		70 - 30 d. l.	Change	Addition	•
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition	
of the corp	on this report of supplemental repo	rt is true and accurate and that i npowered to execute this report	my signature shall-hav as required by Chap	/e the sa	ion 119.07(3)(i), Florida Statutes. I furth me legal effect as if made under oath; Florida Statutes; and that my name app	that I am an officer	or director	