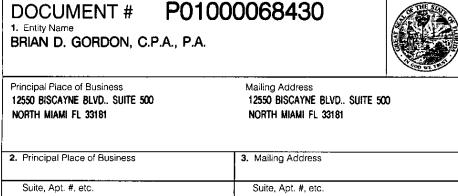
FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90094 041 ***150.00

2003 FOR PROFIT CORPORATION "UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



City & State

Zip

CHECK HERE II	F MAKIN	NG CHAI	NGES			
4. FEI Number 65-1120609			Applied For			
63-1120609			Not Applicable			
5. Certificate of Status Desired			\$8.75 Additional Fee Required			
7. Name and Address of New Re	gistere	d Agent				
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

GORDON, BRIAN D 12550 BISCAYNE BLVD., SUITÉ 500 NORTH MIAMI FL 33181

	Name		
•	1		
	Street Address (P.O. Box Number is Not Acceptable)		
	City		Zip Code
		rL ;	2.p 0000
for the purpose of changing its registere	ed office or registered agent, or both, in the State of Florida.	Lam fan	niliar with, and accept

В.	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.	
		· 밖

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

City & State

Zip

(NOTE: Registered Agent signature required when reinstating)

Trust Fund Contribution.

9. Election Campaign Financing \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

Make Check	Crayable to Florida Department of State							
10.	OFFICERS AND DIRECTORS			ADDI [*]	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GORDON, BRIAN D 1700 N.E. 191ST. #211 NORTH MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, JAZMIN 1700 N.E. 191ST. #211 NORTH MIAMI FL 33179	□ 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			- ` .	☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ 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				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. 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 10 or Block 11 if

SIGNATURE: