2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am

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1. Entity Nan	MENT # P010 Y ENTERPRISES, INC.	0007	6447				05-05-2003 90	•			AV
Principal Place of Business 600 CORPORATE DR SUITE 310 FT. LAUDERDALE FL 33334		600 CC	Mailing Address 600 CORPORATE DR., SUITE 310 FT. LAUDERDALE FL 33334								
2. Principal F	Place of Business	3. Mail	3. Mailing Address					30 111 3 0111 30010	11 11 1 1		
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			& State			4. F	-Ei Number 65-1128855			plied For t Applicable	
Zip	Country	Zip		Coun	ntry		Certificate of Status Desired	Fe	8.75 Add e Require	litional d	
	6. Name and Address of Curre	nt Registere	d Agent			7. N	Name and Address of New Re	gistered Ag	ent		
'	C. SCOTT				Name CO	ess (P.O. B	ox Number is Not Acceptable)		PA		-
600 CORP	PORATE DR., SUITE 310				980	N.	ox Number is Not Acceptable)	HU	<u>//</u>		
FT. LAUDERDALE FL 33334					<i>SU17</i>	E	430		Zin Code		 .
					1300	A	RATIN	FL	2000	132	
	e named entity submits this statementions of registered agent	ther the perpo	ose of changing its	registere	ed office or regi	istered age	ent, or both, in the State of Flor	ida. Î am fam	niliar with, a	and accept	
SIGNATURE	Signature, typed or printed while of registered ag	ent and title if appl	cable. (NOTE	: Registere	d Agent signature rec	quired when rei	instating)	9/28/ DATE	03		
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0						Election Campaign Fina Trust Fund Contribution			O May Be to Fees	
	k Payable to Florida Departmen										
10.	OFFICERS AI	ND DIRECTOR		11.		AD	DITIONS/CHANGES TO OFFIC				1 🔊
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CITY-ST-ZIP	SANDS POINT FL 10050				-ST-ZIP			•		•	8
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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 the state amount of the corporation or the receiver or the state and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

UPE REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR