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

DOCUMENT # POLOODE STY88

1. Entity Name

ORIGINAL PLAKOWITZ he THE



## **FILED** May 05, 2003 8:00 am Secretary of State 05-05-2003 90717 010 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

11039691

Harris Ha								
Principal Place of Business     3. Mailing Add								
7780 NM 44 # ST			6693 GARDE ROND					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SP	'ACE	
City & State	<del></del>	City & State			4. FEI Number		Applied For	
SUNRISE FL		BOUNTON BEACH FL			S18611-59	<u>Y</u>	Not Applicable	
Zip ろうらく /	Country USA	Zip 3 51	Count つ3		5. Certificate of Status Desired		8.75 Additional ee Required	
- A	And the second s	PROBLEM STREET,			7. Name and Address of Curre	nt Registered A	gent	
DOMOTUME			Manage.	Name LEWS FLAKOWITZ				
	-DO-NOT-V	VKILE	Mang.	Street Address	(P.O. Box Number is Not Acceptate	ıle)		
	IN THIS S	PACE		9637	NM 85 M 17	<del></del>		
ante en amb en	$I/I/\Delta z$			City	XX-C	FL	Zip Code	
8. The above named	entity submits this statement	fo the purpose of changing	j its registere	d office or registe	ered agent, or both, in the State of I	lorida. I am fan	niliar with, and accept	
the obligations of r	egistered agent.	/				1		
CICNIATURE	44/1/	,				4/2/	<b>√</b> 3	
	typed or printed name of registered ag-	ent and title if applicable. (I	NOTE: Registered	Agent signature requir	red when reinstating)	DATE		
January 1	- May 1 Fee is \$15#.00 tay 1, Fee is \$550.00				9. Election Campaign F	inancino	\$5.00 May Be	
Amer	nded UBR is \$61.25				Trust Fund Contribut		Added to Fees	
Make Check Payab 10.	le to Florida Department	of State   ID DIRECTORS						
	T >	ID DIRECTORS	TITLE	A CONTRACTOR OF THE CONTRACTOR	Miller on Landon and Albertanes and St. Miller and St. San and St.	ALC A SHEET STATE	the control of the co	
	NIS" FLAKOWITS	_	NAME	CONNECTED IN AN ADMINISTRATION OF	Commission American Service Commission of the Co			
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CITY-ST-ZIP	/	/		ST-ZIP		, <sup>(1</sup> )	1. 福 5. 1950 甘華相區 至	
12. I hereby certify th	at the information supplied w	in this filing does not qualify	for the exen	nption stated in S	Section 119.07(3)(i), Florida Statutes	. I further certify	y that the information	

cycle and that my signature shall have the same legal effect as if made under oath; that I am an officer or director Accyce this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an indicated on this report or supplemental epopus true apple of the corporation or the receiver or trustee attachment with an address, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NO ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #