752-8331

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		1000	088638				Se	cretary -30-2002 9000	y of Sta	ate	
Principal Place of Business 1500 S.W. 30TH AVENUE BAY #11 BOYNTON BEACH FL 33426			Mailing Address 1500 S.W. 30TH AVENUE BAY #11 BOYNTON BEACH FL 33426								
2. Principal Place of Business			3. Mailing Address				) (400)((0.0) (()) (0.0) *		18101 18181 IAITE BIIGE	)((B) (B)( (BB)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number 65 - \\3(	ッタノケ		oplied For ot Applicable	
Zip	Country		Zip	Coun		5. Certificate of Statu			\$0.75 Additional		
	6. Name and Address of 0	Current Reg	istered Agent			L	7. Name and Address	s of New Registe	<u> </u>		
GRAFF, BRENT E					Name Street Address (P.O. Box Number is Not Acceptable)						
1500 S.W. 30TH AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
BAY #11	I DEACH EL 22406										
BOYNTON BEACH FL 33426					City	City FL Zip Code					
8. The above	named entity submits this state	ement for the	e purpose of changing its r	egistere	ed office o	registere	d agent, or both, in the	State of Florida.			
SIGNATURE	Signature, typed or printed name of registe	ered agent and til	tle if applicable. (NOTE:	Registered	d Agent signat	ure required v	when reinstating)	DA	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NO After May 1, Make Check Pay				2 Fee v	will be \$5	50.00	Trust Fund	ampaign Financing Contribution.	,, 40.0	<b>0</b> May Be I to Fees	
11.	, OFFICER	RS AND DIR	ECTORS	12.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFF, BRENT E 1500 S.W. 30TH AVENUE, BOYNTON BEACH FL 334		☐ Delete			1500 1500 1500	<b>~~</b>	t É. Lab Avenor	Change Series Series 33426	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			PRE 150	20 tenable 20 , 20 20 , 20 20 , 20 , 20	IR. RA A. Sh Avenou Ach FL 3	Change  SA 26	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
indicated of the cor	certify that the information suppl on this report or supplemental poration or the receiver or truste or on an attachment with an ad	report is true se empower	e and accurate and that me ed to execute this report a	v signati	ure shall h	ave the sa	ame legal effect as if m	ade under oath; the	at I am an officer	or director	

JUIND 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: