2002 Uniform Business Report (UBR)

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANS OFFICER OR DIRECTOR

FILED May 29, 2002 8:00 am Secretary of State

1. Entity Nam		0099789				002 90094 015 *	
Principal Place of Business Mailing Address 7131 DOBONNET DRIVE 7131 DOBONNET DRI BOCA RATON FL 33433 BOCA RATON FL 334							
Principal Place of Business Address Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	65-114497		Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 A	
	6. Name and Address of Current F		Name	7. 1	Name and Address of New Re	gistered Agent	
WEITZ, ST 7131 DOB BOCA RA	Street Address (P.O. Box Number to Not Acceptable) City Boca Ratm FL Zip Code 438						
8. The above	named entity submits this statement for Let Fullett Signature, typed or printed name of registered bent as	nd title if applicable. (NOTE	registered office or re	egistered ag	gent, or both, in the State of Flor		2
Tax filing r	oration is eligible to satisfy its Intangible, requirement and elects to do so. ia on back)		! FEE IS \$150.00 2 Fee will be \$550 le to Department o	.00	10. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PECKTER, KARL 21836 CYPRESS PALM COURT BOCA RATON FL 33428	DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WEIT	DITIONS/CHANGES TO OFFICE TOENT TZ, Rose Dubonnet Dr La Raton, Fl	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEITZ, STEPHEN J 7131 DOBONNET DRIVE BOCA RATON FL 33428	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		a. The someone of	☐ 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		☐ Deleta	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
Indicated of the con	erify that the information supplied with the on this report or supplemental report is supplemental report is poration or the receiver or trustee empore or on an attachment with an address, we	rue and accurate and that m vered to execute this report a	v sionatura shall have	a the same l	legai effect as it made under oa	ath: that I am an office	r or director