FOR PROFIT PROFITON UNIFORM BUSINESS REPORT (UBR)

Oldin Ollin Boolid	LOO IILI OIII	(0011)	•	
DOCUMENT # P0/000/04367			FILED	
DOCUMENT # PO1000104367 1. Entity Name South Florida Rebel Holdings INC.			03 APR -2 PM 2: 20	
- ;			SECRETARY OF STATE	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DO NOI WRITE	: IN INIS Sr	ACE		
2. Pricipal Proce of Business CANBIVE	3. Mailing Address			
SHE SHE #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
tota FAUCTORE, Florica	City & State		4. FRE Number 63539 Applied For Not Applica	
THE STA	Zip	Country	S. Certificate of Status Desired Secretary Secr	
			7. Name and Address of Current Registered Agent	
SO NOT W	DITE	Name / Lus	SELLE POLLOCK	
DO NOT W		SITE STEEL HOTOS	THE WAX DECAY SOFTING	
IN THIS SF	PACE	-#5H	7	
	_	City	subsidiale FL 39708	\neg
8. The above named entity submits this statement for	r the pulpose of changing its r	registered office or registe	ered agent, or both, in the State of Florida.	\dashv
Mulle E. M.	rlly	,	3/17/03	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature requir	ed whearcinsland) DATE	
9. This corporation is eligible to satisfy its Intangible	January 1 - Ma	ay 1 Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financing\$5.00 May Br	
Tax filing requirement and elects to do so. (See criteria on back)	Amended	UBR is \$61.25 te to Department of St	Trust Fund Contribution. Added to Fees	*
11. OFFICERS AND		e to Department by St	late	\exists _
NAME ZUSSEILE TO 1/104	1.	TITLE NAME		707
NAME ZUSSEILE POLIOCE 3015 NORTH OCCAN 13/4	#SA	STREET ADDRESS		B (1)
CITY-ST-ZIP FORT LAND CTOTAL FE	- 3 55 08	CITY-ST-ZIP		CRZE034B (12/01)
TITLE NAME		TITLE NAME	03/03/0301006012 **300.00	
STREET ADDRESS	T.	STREET ADDRESS		
CITY-S1-ZIP TITLE		CITY-ST-ZIP		
NAME	. •	NAME	and the second s	-
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	DO NOT WRITE	
TITLE NAME		TITLE NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
TITLE		City-st-zip	03/03/0301006013 **8.75	
NAME CONSET ADDRESS		NAME	00,00,00 01000 010 ***0.13	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE		TITLE		
NAME STREET ADDRESS		NAME		
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
 I hereby certify that the information supplied with indicated on this report or supplemental report is 	this filing does not qualify for the	ne exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under eath; that I am an officer or director	
of the corporation or the receiver or trustee emporation attachment with an address, with all other like emporations.	owered to execute this report a	as required by Chapter 6	same legal effect as if made under oath, that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an	
SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR				
<u> </u>			Date Daytime Phone #	1



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 5, 2003

SOUTH FLORIDA REBEL HOLDINGS INC. 3015 N. OCEAN BLVD., STE. 5A FORT LAUDERDALE, FL 33308

SUBJECT: SOUTH FLORIDA REBEL HOLDINGS INC.

Ref. Number: P01000104367

We have received your document for SOUTH FLORIDA REBEL HOLDINGS INC. and your check(s) totaling \$308.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 403A00014037