. 2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 12, 2002 8:00 am

1. Entity Na		# P0100	0106885		٠,		05-20-20	etary 902 901 05			
Principal Place of Business Mailing Address						┨					
	WEST 39TH C		Mailing Address 7030 SOUTHWEST 39TH COURT DAVIE FL 33314								
B. Dissipal	Place of Busin										
Z. Principal	Place of Busin	IUSS	3. Mailing Address				1 (BALIBA) (() \$318) (IB((\$412) \$311)	SAIST HEIL BRIN	81187 1818	I 18151 SHI 1881	
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For Not Applied For Not Applied For					•
_ Zip,		Country	Zip	Country	TOWN VI VI	5.	Certificate of Status Desired	□ \$8 .		ditional	,
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SPIEGEL & UTRERA, P.A.					Name						
1840 SW 22ND ST.				S	Street Address (P.O. Box Number is Not Acceptable)						1
4TH FLOOR				 							1
MIAMI FL 33145					it.				Tin Co.		4
The above named entity submits this statement for the purpose of changing its re-					City FL Zip Code						
	Signature, typed or oration is eligi	or printed name of registered agent as	FILE NOW!!!	FEE IS		l when n	einstaing) 10. Election Campaign Finar	DATE	\$5.0	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			te	Trust Fund Contribution.	Ĭ 🗖	Adde	to Fees	
11. OFFICERS AND DIRECTORS				12.	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECT					S IN 11	┨
TITLE	PD Delete DARBY, ALAN R 7030 SOUTHWEST 39TH COURT DAVIE FL 33314		TITLE					Change	☐ Addition	Įξ	
NAME Street Address				NAME Street ad	DEEC						9
CITY-ST-ZIP				CITY-SI-Z	1						
TITLE NAME	ST DARBY, YA		☐ Delete	TITLE					Change	Addition	CR2E034 (9/01)
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CITY OF THE				STREET ADD	ucoo						ĺ

13. I hereby certify that the information supplied with this filling 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 adcurate 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 trustee empowered to effect this laport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNENG OPPICER OR DIRECTOR