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2002 Uniform Business Report (UBR)

FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # P01000109449 1. Entity Name AN OCCASIONAL PIECE, INC.					04-02-2002 90954 044 ***150.00	
AVENTURA 557 PALM	vo <i>PGA B</i> LUD, FV OF N bcH GARDENS, FL 339		4 B LV D. 7	NS, FL		
	al Place of Business	3. Mailing Address			i sabilibal ish barar 1999 balut abasi balah kank basib yakib arah arah arah arah arah 1211 1881	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 053-1104 Applied For Not Applied For]
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current R	egistered Agent			Fee Required	
mil had			Nam	e .	.7: Name and Address of New Registered Agent	1
Flungs,		ALLES BANKS MAN	Const	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
FT: LAUDERDALE FL 33311-4132 ALLEN DAVID MARC			Street Address (P.O. Box Number is Not Acceptable)			
FITTAUL	DERDALE FL 33311×132	NDILED EIVDING (2011E 330			
	· ·	UPITER, FLORIDA	3458 City			
8 The above	ve named entity submits this statement for t			<u> </u>	FL Zip Code	
o. me abus	ve rialitied entity submits this statement for t	he purpose of changing its	registered office	or registered	d agent, or both, in the State of Florida.	
SIGNATURE	Man Mar				-/./	
SIGNATURE	Signature, typed-or printed name of registered agont and	title if applicable. (NOTE	: Registered Agent sig	nature required wa	7/36/02	
9. This core	poration is eligible to satisfy its Intangible				DATE DATE	
) lax filing	requirement and elects to do so.	After May 1, 200	!! FEE IS \$15	0.00	10. Election Campaign Financing \$5.00 May Se	
(See crite	eria on back)	Make Check Payabi	le to Departme	ุงออบ.บบ ent of State	Trust Fund Contribution. \$5.00 May 8e Added to Fees	
11.	3 OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE			=
NAME STREET ADDRESS	2025 N.P. HOT CT CHITE SAN	TUNN CENTERS THE 330	NAME		☐ Change ☐ Addition	July (9/01)
CITY-ST-ZIP	AVENTURA FL 33180	ITER, EL	STREET ADDRESS	\$];	\$
TITLE	n	33458	CITY-ST-ZIP			ń Į
NAME	PYLE, LAWRENCE /200 TO	WN CENTER DR	TITLE	ļ	☐ Change ☐ Addition 2	2
STREET ADDRESS	2075 N.E. 191 ST., SUITE 500-	# 350	NAME STREET ADDRESS		'	
CITY-ST-ZIP	AWENTURA FL 33180" JUPI	ter, pl 3345 s	CITY-ST-ZIP	•	1	
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CITY-ST-ZIP			CITY-ST-ZIP			
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STREET ADDRESS			NAME	1	C Sharge C Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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NAME		🗀 Delete	TITLE NAME	1	☐ Change ☐ Addition	
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NAME STREET ADDRESS		ĵi	NAME	1	☐ Change ☐ Addition	
CITY-\$1-ZIP		j _i	STREET ADDRESS	ļ		
	ertify that the information are to		CITY-ST-ZIP			
indicated of of the corp changed, o	on this report or symple mental report is fuel or this report or symple mental report is fuel or trustae employers or trustae employers or on an attachment with an address, with a	uing does not qualify for the and accurate and that my s duo execute this report as r litother like empowered.	e exemption stat signature shall have required by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(i), Florida Statules. I further certify that the information elegal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

3/26/02

56/622-60