2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

1. Entity Name	MENT # PQ1000	0119013	· .		05-14-2002	-		
		X1 ′						
Principal Place	of Business	Mailing Address						
3257 N. FEDERAL HWY BOCA RATON FL 33431		2800 EAST COMMERCIAL BLVD STE 208						
		FT. LAUDERDALE FL 33308		12				
9 Principal Pl	ace of Business	3. Mailing Address						
my r en ruspitar t iname or commission		<u></u>		_				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4		DO NOT WRITE IN	THIS SPA	1CE	
City & State		City & State		4. FEI Number Applied For				
				17	0-0000500	/	1 No 3.75 Add	ot Applicable
Zip ,,	Country	• اشتد• د : حامم رد Zip.	Country_ do	5. (Certificate of Status Desired [e Require	
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Regis	tered Age	int	
			Name					
KATZ, ALL	Street Addres	s (P.O. I	Box Number is Not Acceptable)					
	T COMMÉRCIAL BLVD	•		_				
STE 208			City				Zip Cod	Α
FT. LAUDE	FT. LAUDERDALE FL 33308					<u>_FL</u> _	2.000	
SIGNATURE .	Signature, typed or printed name of registered agent a pration is eligible to satisfy its intangible	FILE NOW!!	Registered Agent signature requirements FEE IS \$150.00		10. Election Campaign Financ			О мау Ве
Tax filing (requirement and elects to do so.	After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		tate				
<u>.</u> 11.	OFFICERS AND I	DIRECTORS	12.	ΑI	ODITIONS/CHANGES TO OFFICE			
TITLE	P	☐ Delete	TITLE			L	Change	☐ Addition
NAME	DA SILVA, RICARDO		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	3257 N FEDERAL HWY BOCA RATON FL 33431		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME	<u> </u>		NAME STREET ADDRESS					
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CITY-ST-ZIP			CITY-ST-ZIP				70	[T] salabin-
TITLE		☐ Delete	TITLE			. [Change	Addition
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STREET ADDRESS CITY-ST-ZIP	1		CITY-ST-ZIP					
13. I hereby	certify that the information supplied with	this filing does not qualify for	the exemption stated in	Section	119.07(3)(i), Florida Statutes. I lur	ther certify	that the	information
indicated of the co changed	Certify that the information supplied with a continuous propert or supplemental report is reportation to the receiver or trueted emporation on the receiver or trueted empore, or on an available with an addresse.	true and accurate and that movered to execute this report with all either like empowered.	ny signature shall have t as required by Chapter	ne same 607, Flo	rida Statutes; and that my name a	pears in (Block 11 o	F Block 12 If