2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

FT. LAUDERDALE FL 33331

17490 SW 70TH PLACE

P01000120354

Mailing Address

17490 SW 70TH PLACE

FT. LAUDERDALE FL 33331

1. Entity Name 174901, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90406 029 ***150.00

30022122

|--|

Sulfo, Apt. 4, etc. Chy & State Chy & St	2. Principal f	Place of Busin	ness	3. Mail	3. Mailing Address				- I TORNINATA TIL BOTAL TARIK BOTAL DOLLI DOLLO LIDAL OLI BUTAL ELICI DIRUL ELIC DIRUL ELICI DIRUL ELI				
The Country Trip	Suite, Apt	. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered 7. Name and Address of New R	City & Sta	te		City	City & State				(1)-(1)-(4)-(1)				
PLACK, LINDA 17490 SW 70TH PLACE FT. LAUDERDALE FL 33331	Zip	Country Zip Cou					try 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required						
PLACK, LINDA 17490 SW 70TH PLACE FT. LAUDERDALE FL 33331	6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registered	Agent			
Sireer Address (P.C. door number is Not Acceptable) True Tru								-Name					
Sireer Address (P.C. door number is Not Acceptable) True Tru	FHACK, LINDA)					
ET LAUDERDALE FL 33331 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilagations of registered agent agent agent agent agent and the Hapticable. SIGNATURE								Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code	2.1												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent. SIGNATURE Signature, type of printed name of registered agent and stole is applicable. (NOTE Registered Agent agenture required agent and stole is applicable. (NOTE Registered Agent agenture required agent and stole is applicable. (NOTE Registered Agent agenture required where remaitang)	****** # A.J.												
SIGNATURE Signature Signa							City FL Zip Code						
SIGNATURE Signature Signa	8. The above												
Separation (propose or printed name of legislated agent and till it applied in the composition of the comp				ioi tiio paip	out of the lighting his h		a 011100 01 10g	,5.0,0a ag	you, or boar, in the black of thomas it am				
Separation (propose or printed name of legislated agent and till it applied in the composition of the comp	_		-										
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE												
Make Check Payable to Florida Department of State 1. OFFICERS AND DIRECTORS TILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZI		Signature, typed	or printed name of registered age	ent and title if app	licable. (NOTE:	Registered	Agent signature rec	quired when re	einstating) DATE				
ARTER May 1, 2003 Fee will be \$595.00 Trust Fund Contribution. Added to Fee's Make Chee's Payable to Florida Department of State 10.	F	ILE NOW!	!! FEE IS \$150.00						Flection Compaign Financing	¢ E	00 vn-		
Make Check Payable to Florida Department of State 10. OFTICERS AND DIRECTORS 11.1 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRES	After May 1, 2003 Fee will be \$550.00								1				
TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP	Make Chec	k Payable to	o Florida Department	of State									
TITLE NAME STRET ADDRESS CITY-ST-2IP	10.		OFFICERS AN	ID DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP FLACK, LINDA 17490 SW 70TH PLACE FT. LAUDERDALE FL 33331 Delete STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP AD		ח			C Doloto	TITLE			· · · · · · · · · · · · · · · · · · ·	Chang	e 🗆 Addition		
STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP		1 -	NDA		Las Doloto								
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET A						•	CADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP Delete						1					- DANGE		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					∟ Delete						8 Madition		
CITY-ST-ZIP						_							
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRES													
NAME STREET ADDRESS CITY-ST-ZIP TITLE CITYLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITYLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHY-SI-ZIP					CHY-S	51-219						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		·· ····	·	☐ Delete	TITLE	.			☐ Chang	e 🔲 Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							l l						
TITLE NAME STREET ADDRESS CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-S	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				☐ Chang	e 🔲 Addition		
CITY-ST-ZIP	NAME					NAME							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STREET	f Address						
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					City-9	ST-ZIP			€ ç			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				☐ Chang	e		
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME					NAME			•	•			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TO Change Addition NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STREET	ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY-S	ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				Chang	e Addition		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					La Dyigit	1							
CITY-ST-ZIP CITY-ST-ZIP							ADDRESS						
							I						
		cortify that the	e information supplied	ith this filias	does not qualify for t			n Continn	110 07/2V/i\ Elorida Statutas 6 mth =	rtifu that th	o information		

12. 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 further certify that the information indicated on this report or supplemental report is true and accurate 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmery with an address, with all other like empowered.

SIGNATURE,

NATURE REQUIRED
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

954-680-1619

Daytim