DAVID WRUBEL,C

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90205 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P0200000369	9						
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CHARLAINE M. DORK	INS, PA	\	/					
DO NOT WRITE IN THIS SPACE					"			
2. Principal Place of Business		3. Mailing Address				·		
700 LENNOX AVENUE #5 Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS S	SPACE	
		City & State						
City & State	City & State MIAMI BEACH, FL						Applied For Not Applicable	
Zip 331 39	Country	Zip	Co	ountry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
POLITICATOR BUT TO					ne and Address of Current Re	giste	red Agent	
	ONOTW	7 ITE		Name CHARLAINE N	NE M. DORKINS Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			700 LENNOX AVENUE #5					
				City MIAMI BEACH	, F		Zip Code 33139	
8. The above named	entity submits this st	atement for the purpos	e of ch	anging its regis	stered office or registered agent	, ur b		
	aro-tamiliar with, and	accept the obligations					4/30/2003	
SIGNATURE Signature	me, typed or printed name of	CHARL A CHARLA	ppikable	DORKINS (NOTE: Regis	tered Agent signature required when reins	stating)		
January 1 Atter Ma Amend	May 1 Fee is \$150.0 by Fee is \$550.00 fed UBR is \$61.25	10	•		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Ba Added to Fees	
Make Check Payable 10.	OFFICERS A	ND DIRECTORS	11.		en produced processor and observed to consumer that had only the place to be in the constitution of the	ococresc	vers from engisemment	
TITLE NAME	CHARLAINE M. DOI 700 LENNOX AVEN	RKINS P_D' UE#5		CLE VME				
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CITY-ST-ZIP TITLE	MIAMI BEACH, FL	331.39	_	ILEX (MARK)				
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CITY-ST-ZIP	the information supplies	with this filing does not a	unalify f	or the execution	stated in Section 119.07(3)(i), Florid	da Sta	tutes. I further	
CITY-ST-ZIP 12. I nereby 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 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 certify that the information indicated on this report or supplemental report is true and accurate empowered to execute this report as required by as if made under oath; that I am an officer or tirector of the corporation or the receiver or trustee empowered to execute this report as required by								
as if made under oath; that tarm an officer of director of the corporation of the transfer of the corporation of the corporatio								
CURRI AINE M. DORKINS 4/30/2003 (407) 758-3447								
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								