

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90073 011 \*\*\*150.00

DOCUMENT # PO2000019225

1. Entity Name

GROUP 2002 CORPORATION

**DO NOT WRITE IN THIS SPACE**

**90144154**

2. Principal Place of Business

2520 RAMPAKT WY SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2520 RAMPAKT WY SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

4. FEI Number

68-0497959

Applied For

Not Applicable

Zip

33026

Country

Zip

33026

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

H. OLIVEIRA

Street Address (P.O. Box Number is Not Acceptable)

22354 SW 57TH CIRCLE

City

BOCA RATON

FL

Zip Code

33428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible

- Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT  
LOVE, HILDA  
2520 RAMPAKT WY SOUTH  
COOPER CITY, FL 33026

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hilda Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

DATE

Daytime Phone #

CR2E034B (12/01)