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

DOCUMENT # P0 20000 19775 1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90091 027 ***158.75

954-651-1140

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2. Principal Ph	ace of Busine		No 40	3. Mailing Address 1844 N. No	B HILL	Rond)						
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	named entity ons of registe			the purpose of changing its re	egistered office or	r registered	d agent, or	both, in the	State of Flo	orida. I am	familiar	with, and ac	ccept
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SIGNATURE		Carried Annual Control	ne of registered agent an	nd title if applicable. (NOTE: I	Registered Agent signate	ure required w	hen reinstating)		DATE			
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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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like expowered.													ation ector an