2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000024453

JENNINGS AND KON, P.A. ATTORNEYS AT LAW

	ce of Business DRIVE SUITE B-290 73	9495 SUNSET	Mailing Address 9495 SUNSET DRIVE SUITE B-290 MIAMI FL 33173		
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
				Name	
Jennings, Robert R Jr 9495 Sunset Drive Suite B-290				Street Address	ss (P.O. Box Number is Not Acceptable)
MIAMI FL 33173					,
<u> </u>	- ** _{**}			City	FL Zip Code
the obligat	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar			ed office or register and Agent signature require	stered agent, or both, in the State of Florida. I am familiar with, and accept
	<u> </u>	T			***
´ Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, ROBERT R JR 9495 SUNSET DRIVE SUITE B-290 MIAMI FL 33173	_		ſ	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KON, MALGORZATA J 9495 SUNSET DRIVE SUITE 8-290 MIAMI FL 33173			_	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;·	1			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ſ	☐ Change ☐ Addition
TITLE			Delete TITL		☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

May 27, 2003 8:00 am Secretary of State

05-27-2003 90164 021 ***150.00

Allachment 80/21430

JENNINGS & KON, P.A.

MIAMI OFFICE: 9495 SUNSET DRIVE, SUITE B-290 MIAMI, FLORIDA 33173 TELEPHONE (305) 271-0899 FAX (305) 271-3309

EMAIL ADDRESS: MKONLAWGAOL.COM

HALLANDALE OFFICE: 410 N. FEDERAL HWY., SUITE C HALLANDALE BEACH, FLORIDA 33009 TELEPHONE (954) 454-4546

PLEASE REPLY TO:

MIAMI

May 23, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Uniform Business Report Payment Document # P02000024453

To whom it may concern:

Enclosed please find our Jennings & Kon, P.A. law firm check payment to the Florida Department of State in the amount of \$150.00 (one hundred and fifty dollars).

Apparently the Uniform Business Report was inadvertently delivered to another tenant by the post office. We were in the same office complex in a different suite. The delay error was corrected and we received the report on or about May 15, 2003.

We would respectfully request that you accept our payment with our apologize for any inconvenience that may have caused the State of Florida.

Yours very truly,

Robert R. Jennings,

RRJ/jj

Enclosures