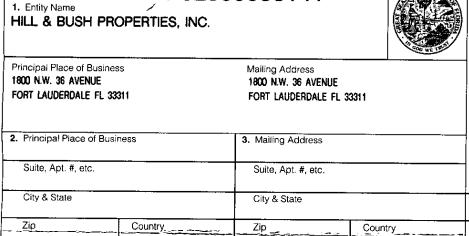
FILED Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90841 042 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #	P02000036141
DOCOMENT #	1 0200000014



FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311		33311						
Principal Place of Business Address Mailing Address								
Suite, Apt. #, etc. Suite		Suite, Apt. #, etc.	iite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State City & State		City & State	ate		FEI Number 3 631171		oplied For	
Zip	Country	Zip	Country	5	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Registere	ad Agent		
COR DELET OPHICATE OPHIC INC			Name					
C&B DEVELOPMENT GROUP, INC. 6919 WEST BROWARD BLVD.			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
#270								
PLANTATION FL 33317			City		<u> </u>	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or re	egistered ag	-		and accept	
the obliga	tions of registered agent.	•						
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	FE: Registered Agent signature	required when re	einstating) DATI	E		
\mathcal{J} Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND D		11,	AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR:	S IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	HILL, LEE C 1231 NW 207 ST		NAME STREET ADDRESS				İ	
CITY-ST-ZIP	MIAMI FL 33169		CITY-ST-ZIP					
TITLE NAME	V	☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	Bush, Clifford 1800 NW 36 Ave		NAME STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL.33311		CITY-ST-7IP ==					
TITLE NAME	ST Bush, Sonya	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	1800 NW 36 AVE	•	NAME Street address		·			
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	•		STREET ADDRESS					
CITY-ST-ZIP	·		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS			STREET ADDRESS					

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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: **/**

CITY-ST-ZIP