FILED Apr 30, 2003 8:00 am

FUN	FILL	OOMF ON	AIIVII
UNIFORM	M BUSIN	ESS REP	ORT (UBR)

DOCUMENT# 1. Entity Name DUDES OF FORT LAWSENDALE TWO. PORCOCOGOSON		ALE, Inc.			Secretary of State 04-30-2003 90150 037 ***150.00	
2. Principal i	DO NOT WRITE IN TH	dress	A TOTAL SECTION			
3170 - 3180 NE 33RD ST. 3070 - 3180 NE 33RD ST. Suite, Apt. #, etc.		.ST.	DO NOT WRITE IN THIS SPACE			
City & Sta FORT Zip		ADOERD ALE	ntry	0 407	Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Applied For Not Applicable \$8.75 Additional
<u> 33308</u>	BROWN 3330	<u>8 1320</u>	ORPCUS		e and Address of Current Registere	Fee Required
			-Name	7. Nam	e and Address of Current Registere	a Agent
	DO NOT WRITE			JARY ?	J. HALL	
en fra		h kungan pangan pangan pangan pangan Maran kan mengan pangan pa	.Street Add	ress (P.O. Box	Number is Not Acceptable)	-
	IN THIS SPACE		136 City	NE 19	The COURT # FIDI	Zip Code
		Sales III - Electrical Sales	W	COCT	MANDRS FL	• <u>33305</u>
8. The above	e named entity submits this statement for the purpose of c tions of registered agent.	changing its registere	ed office or re	egistered agen	t, or both, in the State of Florida. I am t	familiar with, and accept
wie denge	H 11 NO C) _	. .		\	
SIĢNATURE	Signature, typed or printich pame of registered agent and title if applicable.	JARY) (NO E: Registere	ad Agent signature	required when reins	tating) JATE	103
Ja	Signature, typed or printing yame of registered agent and title if applicable. nuary 1 - May 1 Ree is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of State		Al Agent signature	required when reins	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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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 trustee 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 empowered.

CITY-ST-ZIP

CITY-ST-ZIP