2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000073627 **DOCUMENT #**

1. Entity Name

321 SW DAVIE BLVD., INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90073 026 ***150.00

Suite, Apt, #, etc. Suite, Apt, #, etc. Check HERE IF MAKING CHANGES	Principal Place of Business 321 SW. DAVIE BLVD. FORT LAUDERDALE FL 33315		Mailing Address 321 SW. DAVIE BLVD. FORT LAUDERDALE FL 33315					20001027				
City & State Ci	2. Principal Pl	ace of Business	3. Mailing Address						30 564 00 694 00 694 50 246 1			
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Sevent Address of Status Desired S8.75 Additions Sevent Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acc	City & State	•	City & State				4.	4. FEI Number Applied For Not Applied For				
Number N	Zip	Country	Zip	Zip Counti			5.	S Contitionts of Status Desired S8.75 Additional				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
SIGNATURE 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, toped or prince none of registered agent and submit in the state of Florida. I am familiar with, and accept the obligations of registered agent.						Name						
City FL Zip Code		·					Street Address (P.O. Box Number is Not Acceptable)					
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. I am familiar with, and accept the obligations of registered agent. SignATURE								V.20 .				
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After May 1, 2003 Fee will be \$550.00 . Make Check Payable to Florida Department of State 10.	the obligati	ons of registered agent.					;			familiar with, a	and accept	
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CITY-ST-ZIP 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	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information a malind with	h this filins		NAM STRE CITY	E ET ADDRESS -ST-ZIP	ed in Section	n 119 07(3)(i) Florida Ste	atules Uturther ce		Addition	

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATION SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR