2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

02-21-2003 90204 032 ***150.00

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1. Entity Na						V			
Principal Place of Business 4636 N. UNIVERSITY DRIVE 4636 N. UNIVERSITY DRIVE LAUDERHILL FL 33351 LAUDERHILL FL 33351						•,,			
<u> </u>	<u> </u>								
2. Principal	Place of Business	3. Mailing Address	Mailing Address			ı 190 mağı şil 99işə iləli 69işi 96iş	; I Ba rki eb ili 184	10 BIF10 BF19	# 1600 93 0 0 1 0 1 0
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	City & State			FEI Number 81-0561510	,	-	Applied For Not Applicable
Zip Country		Zip .	p Coun		5,-Certificate of Status Desired		Ese Required		
	6. Name and Address of Current	Registered Agent		Name	7.	Name and Address of New Ro	gistered A	ent_	
SALOMON, SCOTT A ESQ.				Street Address (P.O. Box Number is Not Acceptable)					
	VERSITY DRIVE		Oliset Addre		SOX INDITION IS NOT HOUSE LABOR.				
CORAL SI	PRINGS FL 33065	•		City				Zip Co	
8 The about	e named entity submits this statement fo	ita ragistar	L	intered or		FL.			
	tions of registered agent.	r the purpose of changing		so onice or reg	isieren at	gent, of boin, in the State of Flor	ida. Tama	milar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signature rec	uired when r	einstating)	DATE	 -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Fina Trust Fund Contribution			00 May Be
10.	OFFICERS AND I		11.		- · · A[DITIONS/CHANGES TO OFFIC			
TITLE . ' NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 4636 N. Univers Landerfull 7						!	□ Change	Addition Addition
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CITY-SI-ZIP		☐ Delete	TITLE	ST-2IP			<u>'</u> [Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP	- •	Anguar and an annual	25 j		
12. I hereby c	ertify that the information supplied with t	this filing does not qualify (or the exem	notion stated in	Section 1	19.07(3)(i) Florida Statutes I fo	irther certify	that the in	oformation .

12. Thereby 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.

SIGNATURE: X SIGNATURED REQUIRED

X 2 /1/03 X 95Y 578877