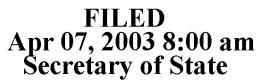
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Na	JMENT # P020(L. HARKATZ, P.A.	00078	3765				Secreta 04-07-2003 9	•			
Principal Place of Business 2588 SW 27 AVE MIAMI FL 33133		2588 S	Mailing Address 2588 SW 27 AVE MIAMI FL 33133								
-2. -Principat	Place of Business	3. Mailin	g Address								ىتىخ
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			\dashv	☐ CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State				4. FEI Number Applied For Not Applicable			7	
Zip	Country	Zip		Coun	try	\neg	Certificate of Status Desired		\$8.75 Add	litional	1
	6. Name and Address of Curren	Registered	Agent			7.	Name and Address of New Re		 	-	1
					Name						1
HARKATZ ~2588 SW	Z, DANIEL L 2500 2	PARKVIE	NKVIEW DR. APT.GIO HE Beach, FL 33009			Street Address (P.O. Box Number is Not Acceptable)					1
MIAMI FL	-33133 HALLANO	66 R	ach 6/ 33	nA			· · · · · · · · · · · · · · · · · · ·				1
Ž	7,7,7,7,1 0			,,,,	City		1	FL	Zip Code		1
	e named entity submits this statement f	or the purpos	e of changing its re	egistere	ed office or regis	tered a	gent, or both, in the State of Flor	ida. I am fa	amiliar with, a	and accept	1
-	-										
SIGNATURE	Signature, typed or printed name of registered agen	and title if applica	ble. (NOTE: F	Registered	Agent signature requ	ired when	reinstating)	DATE			
F	FILE NOW!!! FEE IS \$150.00										1
After May 1, 2003 Fee Will be \$550.00		1.7					9. Election Campaign Fina Trust Fund Contribution		\$5.00 Added	O May Be	-
	k Payable to Florida Department o							·			Ţ
10.	P. D.	DIRECTORS	- ~	11.		A	DDITIONS/CHANGES TO OFFIC	CERS AND			{ .
TITLE NAME	DANIEL 1 HARKAT	PALLEL 1 HARKATZ		TITLE	L				☐ Change	Addition	
STREET ADDRESS	2500 PARKUIEW DRIVE APT. 610				et address						
CITY-ST-ZIP	HAILANDALE Beach,	FL 33	009	CITY-	ST-ZIP						إ
TITLE	VAS	/	Delete	TITLE					☐ Change	Addition	
NAME	ELENA MARTA HUTINO	ADT #	610	NAME						•	
STREET ADDRESS CITY-ST-ZIP	2500 APRKVIEW DR. HAIlAUDALE Beach,	FC 33	3009		ET ADDRESS ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	1
NAME	1		LL Dulotti	NAME					_ ,		
STREET ADDRESS	1				ET ADDRESS						}
CITY-ST-ZIP				CITY-	ST-ZIP					-=	
TITLE			Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME	ET ADDRESS						
CITY-ST-ZIP	}				ST-ZIP						
TITLE	1		☐ Delete	TITLE					☐ Change	Addition	1
NAME		-		NAME							
STREET ADDRESS					ET ADDRESS	~~					-
CITY-ST-ZIP					ST-ZIP					F1 (4200 - 1	1
TITLE NAME	1		Delete	TITLE NAME	ſ				☐ Change	Addition	1
STREET ADDRESS					T ADDRESS						1

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 a laterest, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/02/03