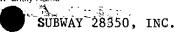
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P02000089280

1. Entity Name





## Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90123 017 \*\*\*150.00

48 EAST FLA PENTHOUSE MIAMI FL 331		48 E Pent Mian	Mailing Address 48 EAST FLAGLER STREET PENTHOUSE 104 MIAMI FL 33131  3. Mailing Address								
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9	City	City & State			4.	4. FEI Number Applied Fo. 55-0791378 Not Applied			plied For t Applicable	
Zip				Count	ry	5. Certificate of Status Desired					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
	ITZ, DANIEL ESQ. FLAGLER STREET		s			Street Address (P.O. Box Number is Not Acceptable)					
PENTHOUSE 104											
MIAMI FL						- !		FL	Zip Code	e	
3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  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.		Added	O May Be to Fees	
10.	<del></del>	ERS AND DIRECTO	RS	11.		'A	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS		
TITLE VAME STREET ADDRESS CITY-ST-ZIP	D SAGER, STEVEN 508 EAST BOYNTON BE BOYNTON BEACH FL 3		□ Delete		T ADDRESS ST-ZIP				_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	Sager, 508 Ea	efitaven Steven st Boynton Beach n Beach, FL 33435	Blvd.	Change	<b>⊠</b> Addition	
nitle . Name Street address City-St-Zip	. □ Delete		NAME STREE	T ADDRESS	Sergio 48 Eas	Vice President □ Change x Sergio Rok 8 East Flagler Street, PH-105 Giami, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-	T ADDRESS ST - ZIP			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			[	Change	☐ Addition	
NAME T ADDRESS ST-ZIP			□ Delete		I ADDRESS ST-ZIP				_) Change	Addition	

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 reference 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:** 

Sign President SIGNATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

(305) 371-2248