## FILED Aug 20, 2003 8:00 am § Secretary of State

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT**

1. Entity Nan	MENT # PO2000S  JNION QUARTERLY, INC.	90222 (			08-20-2003 90049 0	25 ***150	.00
Principal Place of Business  Mailing Address  5251 SOUTHWEST 29TH STREET  FORT LAUDERDALE FL 33314  Mailing Address  5251 SOUTHWEST 29TH STREET  FORT LAUDERDALE FL 33314							
523	Place of Business 14 31 REET 52	9TH STREE	<b>€</b> T		0 16114 BB(16 11919	1/8/8   8   88	
Suite, Apt. #, etc.  TRAYLOR-PARK- MOBILE 4			HOME-		CHECK HERE IF MAKIN	G CHANGES	
City & Stat		y & State RT LAUDE	ROAL F	= (_ 4.	FEI Number 06 3 99 48		pplied For of Applicable
333/	4 BROWARD 33	314	Country 3 R D WA	ת ט	Certificate of Status Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current Register	ed Agent	Name		Name and Address of New Registered	Agent	
	& Utrera, p.a. Jthwest 22 Street, 4th Floor	Street Addr	ress (P.O. B	iox Number is Not Acceptable)			
MIAMI FL	33145					·	
			City		FI		
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 .	Signature, typed or printed name of registered agent and title if ap	plicable. (NOTE: F	Registered Agent signature re	equired when re	oinstating) DATE		
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.  [ ]		O May Be to Fees
10.	OFFICERS AND DIRECTO	DRS	11.	AD	[ DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VERTUCCI, LAWRENCE M 5251 SOUTHWEST 29TH STREET FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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12. I hereby certify that the information supplied with this filling 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:

ATTACHMENT # P02000090222 ION 80139170









August 18, 2003

Division of Corporations Uniform Business Report Filing PO Box 1500 Tallahassee, FL 32302

**RE:** Remittance

Dear Sirs:

I did not receive my first invoice for these Taxes. As per my conversation with Ruby in your office, I am therefore remitting \$150.00 to cover the tax for the year of 2003.

Thank You,

Larry Vertucci

President

Labor Union Quarterly Inc.

LABOR UNION QUARTERLY INC. 5251 SW 29<sup>th</sup> St., Davie, FL 33314 FAX: 212-369-3053

954.321-8823