2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR)						Apr 30, 2003 8:00 am	
DOCU	MENT #	P0200	0093237 /	S THU		Secretary of State	
1. Entity Nam					122	04-30-2003 90160 007 ***150.00	
S. CANDI	ELLA, INC.		V				
Principal Place	e of Business		Mailing Address 3831 NW 79TH WAY				
HOLLYWOOD			HOLLYWOOD FL 33024				
2. Principal P	Place of Busines	28th Drive	3. Mailing Address /530 NW	128th D	rive		
Suite, Apt.	01		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & Stat SUN	rise, 7	-1_	Sunrise, F	<u>-</u> L		4. FEI Number Applied For Not Applicable	
333	23	Country	Zip 333323	Country	• •	5. Certificate of Status Desired	
	6. Name ar	d Address of Current F	Registered Agent	Nome		7. Name and Address of New Registered Agent	
CANDELLA, STACEY L STACEY Candella							
Street Address (P.O						5 NW: 128 puble) Drive #101	
HOLLYWOOD FL 33024							
city Sun						nrise FL 333323	
8. The above	named entity s	ubmits this statement for	the purpose of changing its re	gistered office o	r registere	ed agent, or both, in the State of Florida. I am familiar with, and accept	
8. The above named emity 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 p	printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Agent signal	ure required	when reinstating)	
		FEE IS \$150.00 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be	
		lorida Department of	State			Trust Fund Contribution.	
10.	P	OFFICERS AND [11.	מו	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	CANDELLA,	STACEY L	☐ Delete	TITLE NAME	Qtace	y Candella De Change Addition	
STREET ADDRESS	3831 NW 79	TH WAY		STREET ADDRESS	1530	NW 128th Orine, #101	
CITY-ST-ZIP	HO'LYWOO	D FL 33024		CITY-ST-ZIP		rize, PC 33323	
TITLE	- 18.	;	☐ Delete	TITLE		☐ Change ☐ Addition	
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TITLE			☐ Delete	TITLE		☐ Change ☐ Addition	
NAME				NAME		;	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
	ertify that the in	formation supplied with	this filing does not qualify for th		Led in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of the cor	on this report o poration or the r	r supplemental réport is receiver or trustee empor	true and accurate and that my	signature shall h	ave the s	ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if	