## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Aug 28, 2003 8:00 am Secretary of State 08-28-2003 90069 004 \*\*\*150.00

1. Entity Nar		<b>0090004</b> c.	/					
1 '	ce of Business	Mailing Address		<u></u>	* -			
25 N. SHORE DR. #50 25 N. SHORE DR. #50 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141								
MIAMI BEACI	H FL 33141	MIAMI BEACH FL 33141						
}		•						
25 N	Place of Business USHORE ORIVE	3. Mailing Address						
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		-	CHECK HERE	IF MAKING	CHANGES	5
City & Sta	ate	City & State	<del> </del>		4. FEI Number		1/1	applied For
MIAN					4 / 2//05//05/		- <del> </del>	lot Applicable
Zip 3314	Country	Zip	Cour	ntry	5. Certificate of Status Desired		8.75 Ad	
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New F	egistered A	gent ·	, -
POTENIC	OCNEE	المرجوع المحسسان المنا		Name	<u></u>	ے لینسسین	. <u></u>	
POTENS, RENEE				Street Address (I	P.O. Box Number is Not Acceptable	)	<del></del>	
J	IORE DR., #50			<b> </b>	<del></del>			
MINAMIDE	FACH FL 33141				- <u></u>			
]				City		FL	Zip Coo	ie
8. The above the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	register	ed office or registere	ed agent, or both, in the State of Fk	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	VENTE OC		S. Id Agent algrature required	When reinstakings	DATE	<u> 60 -</u>	
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State								
After Se	ptember 10, 2003 Fee will be \$750.0			-	Election Campaign Fir     Trust Fund Contributio			May Be d to Fees
After Se Make Chec 10.	ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of OFFICERS AND D	State DIRECTORS	11.			CERS AND D	Added	d to Fees
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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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

) 8001-5841