2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90110 031 ***158.75

DOCUMENT # P02000097760

1. Entity Name
N. WOLOSKER, INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131	520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 7283 S.W. 57TH AVENUE		Suite, Apt. #, etc. 7283 S.W. 57TH AVENUE	
City & State SOUTH MIAMI, FLORIDA		City & State SOUTH MIAMI, FLORIDA	
Zip 33143	Country USA	Zip 33143	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0643116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name WOLOSKER, NATANIEL
Street Address (P.O. Box Number Is Not Acceptable)
7283 S.W. 57TH AVENUE
City SOUTH MIAMI FL Zip Code 33143

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] - NATANIEL WOLOSKER 04/07/03
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 Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLOSKER, NATANIEL 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLOSKER, NATANIEL 7283 S.W. 57TH AVENUE SOUTH MIAMI, FLORIDA 33143	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-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 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] - NATANIEL WOLOSKER 04/07/03 (305) 669-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)