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

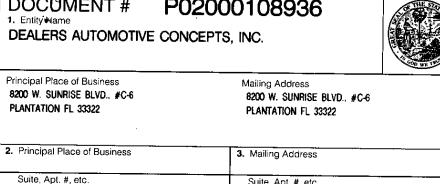
## DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

NAME

P02000108936



## FILED Feb 28, 2003 8:00 am Secretary of State

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<u>.                                    </u>			TOOD WE THE	
Principal Place of Business 8200 W. SUNRISE BLVD #C-6 PLANTATION FL 33322		Mailing Address 8200 W. SUNRISE BLVD., #C-6 PLANTATION FL 33322		27th Language
}	•			
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CANTOR, JERRY C 4000 HOLLYWOOD BLVD., #265 HOLLYWOOD FL 33021			Name Street Address	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligation	e named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature requ	uired when reinstating) DATE
FILE NOW!!! FEE IS \$ 50.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPANA, FRANK 8200 W. SUNRISE BLVD., #C-6 PLANTATION FL 33322	☐ 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		☐ Delete	TITLE	☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR