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

DOCUMENT # P02000110187

## FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90233 028 \*\*\*150.00

DO NOT WRITE IN THIS SPACE  2. PRINCIPAL PLAN OF BLUESMAND DR  3. Man iss Activates  Some Apr. 7 and  Some A	1. Entity Nam	GRATED BUSINESS II	NFORMATION	I SYSTE	MS, INC	•		
3207 BRIDGEWOOD DR SUITE AFOR STORE SUITE AFOR STORE BOCA RATON FL 20 33434  COUNTY 344 REGISTERED AGENT, INC.  STORE Address (P.O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  SOCIAL COUNTY SOCIAL	DO NOT WRITE IN THIS SPACE					11016623		
State, Agt. 4, etc.    State, Agt. 4, etc.   State   BOCA RATON FL   BOCA RATO			3. Mailing Address 3207 BRIDGEWOOD DR					
BOCA RATON FL  7/P 33434  Carby Annua and Address of Registered Apart.  Nonce At A REGISTERED AGENT. INC.  Successfully 25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL  7/P 7/P 7/P 7/P 7/P 7/P 7/P 7/P 7/P 7/						DO NOT WRITE IN THIS SPACE		
20   Sa.75 Additional   Sa.75					···	4. FEI Number /6-/640/18   Appl		
Name   A1A REGISTERED AGENT, INC.	Zip Country		Zip Country			5 Certificate of Status Desired \$8.75 Additional		
ATIA REGIST LERD AGENT, INC.  Street Address (P. O. Box Number is Not Acceptable)  25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL  20 Cocc 33131  8. The above natived creity subpite this statement for the purpose of changing its registered of office or deplated agent, or both, in the State of Fichical  PAUL CHITTER CONTROLL CO	. , , , ,				Maria			
25 S.E. 2ND AVENUE SUITE 1036  City MIAMI  FL						ATA REGISTERED AGENT, INC.		
8. The above named childy subpits this statement for the purpose of changing its registered object or registered object, or both, in the State of Forder.  SIGNATURE					Street Address (P.O. Box Number is Not Acceptable)			
8. The above named strikly subspits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridio.  SIGNATURE	:				25 S.E. 2ND AVENUE SUITE 1036			
8. The above ruffreut analys subspite this statement for the purpose of changing its registered differ or registered dispersion by the state of Florido.  SIGNATURE		•	•		City MIAM	11 FL Zip Code 33131		
Signature, special prefrish name on special representation of registration. Seed and special propriation is eligible to satisfy its Intrangible. Tax filling requirement and elects to do so. After May 1, Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Department of State  14. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. Intel DP MORRISON, JUDITH A SIRREIT ADDRESS CITY-ST-7P  16. Election Campaign Financing Trust Fund Contribution. Department of State  17. TITLE MORRISON SEED TO STATE THE STATE OF STATE ADDRESS CITY-ST-7P  18. OFFICERS AND DIRECTORS  18. Intel ADDRESS CITY-ST-7P  18. Intel A	8. The above	named entity submits this statement to	or the purpose of changi	ng its register	ed office or regi			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. OFFICERS AND	SIGNATURE.	Vaul Com	PAUL	HTIMC	, Vice	E PRESIDENT 04-174	23	
After May 1, Fee is \$550.00  Anemaded UBR is \$61.25  Make Check Payable to Department of State  Trust Fund Contribution.  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND D		*	January					
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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 eath; that I am an office 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 11 or on an attachment with an address, with all other like empowered.

DELLO JUDITH A MORRISON, DP

561.883-157