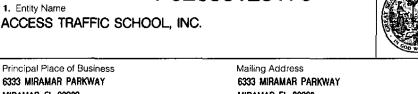
Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91506 042 ***150.00

FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)





MIRAMAR FL 33023			MIRAMAR FL 33023								
2. Principal F		ess ear Parkway	3. Mailing Address	···				î } } 	OO ANIBI ANDALI	8886	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State Miramar FL			City & State			4. FEII	Number 01-075-45	-/2	·	oplied For ot Applicable	
Zip 33	3023 Broward		Zip	Zip Count		5. Cert	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent				
					Name						
SPIEGEL 8	& UTRERA,	P.A.		Street Addre		ss (P.O. Box I	s (P.O. Box Number is Not Acceptable)				
4TH FLOC											
MIAMI FL	33145			City	FL Zip Code			le			
	tions of regist				ed office or regis		or both, in the State of Florida.	I am fa	miliar with,	and accept	
		•				· · · ·				———-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			State .				Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.0 Added	0 May Be d to Fees	
10.		OFFICERS AND I	DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICERS	S AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS		CHERRIANA MAR PARKWAY	☐ Delete	TITLI NAM STRI	i				Change	☐ Addition	
CITY-ST-ZIP				CITY-ST-2							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	MAR PARKWAY	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRAMAR		☐ Delete	, TITLI NAM STRE	E _~		·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete	TITLE NAM STRE	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete					j	☐ 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Addition