2003 FOR PROFIT CORPORATION

| 20 UN | 003 FOR PROFI IFORM BUSINE | T CORPOR | ATION T_{ÜBR |) | FILE Aug 25, 200 Secretary | | am |
|---|---|---|---------------------------------------|--|--|-----------------|-------------------|
| DOCUI | MENT # P0200 | 0127932 | | | 08-25-2003 90095 0 | | |
| SUITE 115 FORT LAUDER | e of Business IRY BOULEVARD RDALE FL 33319 | Mailing Address 3501 INVERRARY BOULEVARD SUITE 115 FORT LAUDERDALE FL 33319 3. Mailing Address | | | | | |
| 9+Z AZURE LANE Suite, Apt. #, etc. City & State | | 972 AZURE LANE Suité, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For | | |
| 723 W | JON FL | EC 33350 | Country | | 113669712 Certificate of Status Desired | \$8.75 Addi | Applicable |
| ^{Zip} 3337 | 6. Name and Address of Current | | 1 034 | | . Name and Address of New Register | Fee Required | |
| MESA, MANUEL A ESQ. 44 WEST FLAGLER STREET SUITE 1575 MIAMI FL 33130 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| MIAMI FL 33130 City FL Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State | | | | , | Election Campaign Financing Trust Fund Contribution. | \$5.00 Added | May Be to Fees |
| 10. | OFFICERS AND I | | 11. | _ | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE Name Street address City-St-Zip | D HEESCH, MAUREEN J 3501 INVERBARY BLVD. #115 FORT LAUDERDALE FL 33319 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 927 | LEEN, HEESCH. LAZURE LANE TON, FL 33326 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M GUIZAR, NICOLAS 3501 INVERRABY BLVD. #115 FORT LAUDERDALE FL 33319 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M. Gui- 922 | ZAR NICOLAS AZURE LANE TONTEL 33326 | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | ☐ Change | Addition |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | ☐ 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 fue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fustee 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 her like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Date

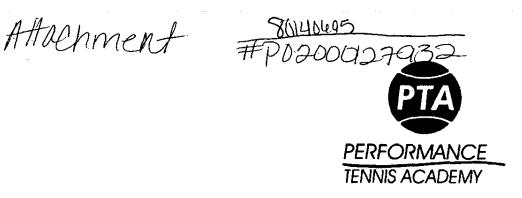
Daytime Phone #

☐ Change

Change

☐ Addition

Addition



August 21, 2003

Florida Department of State **Division of Corporations** 2003 uniform Business Report

Gentlemen,

Please find herewith the Uniform Business Report with our check for\$150.00. Your form was sent to our old address although a change of address was made Janaury 2003.

We kindly request you waive the penalty charges since we just recived the form in our new address.

Thank you for assistance in this matter.

Sincerely yours,

Maureen Heesch **Director PTA**

> 972 Azure Lane Weston, FL 33326

Phone 954 8889259 954 3497142

ptaitf@aol.com