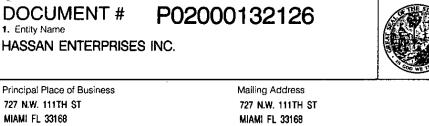
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #



**FILED** Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90071 027 \*\*\*158.75





After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State			Trust Fund Contribution. Added to Fo				
10.	OFFICERS AND DIRECTO	RS	11,	AÐ	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	727 N.W. 111TH ST MIAMI FL 33168	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	D.P HAZE Tann.	Idine Davis WIIITH St. mi-FL-33168	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Additton
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition
TITLE		☐ Delete	TITLE			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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP