## **FILED** Jun 02, 2003 8:00 am Secretary of State

06-02-2003 90202 006 \*\*\*550.00

TINE T	
<u> </u>	
<b>,</b>	CHECK HERE IF MAKING CHANGES
	4. FEI Number
	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	7. Name and Address of New Registered Agent
	:
ddress (	P.O. Box Number is Not Acceptable)
	FL Zip Code
register	ed agent, or both, in the State of Florida. I am familiar with, and accept
ure required	when reinstating) DATE
<u></u>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12955 BISCAY SUITE 328 NORTH MIAMI	FL 33181	12955 BISCAYNE BLVD. SUITE 328 NORTH MIAMI FL 33181					
2. Principal F 7855 Suite, Apt.	#, etc.	3. Mailing Address 7855 NW 29 Street Suite, Apt. #, etc. Suite 150		CHECK HERE IF MAKING CHANGES			
City & Stat	mi Fl	City & State MICMI F		4. FEI Number			
3316	3122 Country USA	33122	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	onal		
	6. Name and Address of Current	7. Name and Address of New Registered Agent					
JONATHAN D. LEINWAND, P.A. 12955 BISCAYNE BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 328 NORTH MIAMI FL 33181				<b>₽</b> 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							
	named entity submits this statement to tions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, ar	d accept		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  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.							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
TITLE : NAME STREET ADDRESS CHTY-ST-ZIP	PD MUSKAT, DAVID 485 HOLIDAY DR. HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	: Change	CR2E034 (10/02)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change	Addition &		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Landania and Maria Landania and A	Oelete	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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE		☐ Delete	TITLE	Change	Addition		

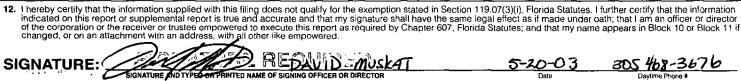
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY+ST-ZIP



2003 FOR PROFIT CORPORAT

DOCUMENT #

ME CORPORATION

Principal Place of Business

1. Entity Name

**UNIFORM BUSINESS REPORT (UBR)** 

P02000132695

Mailing Address