


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

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90063 009 ***150.00

DOCUMENT # <u>70300094094</u>	
1. Entity Name <u>ANDRES HUNCHAK, P.A.</u>	

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2. Principal Place of Business <u>640 S. PARK RD #434</u> Suite, Apt. #, etc. <u>434</u> City & State <u>HOLLY WOOD, FL</u> Zip <u>33021</u> Country <u>BROWARD</u>		3. Mailing Address <u>7200 PRESTON RD</u> Suite, Apt. #, etc. <u>025</u> City & State <u>PLANO, TX</u> Zip <u>75024</u> Country <u>COLLIN</u>		4. FEI Number <u>04-377-2226</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.					

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>ANDRES HUNCHAK</u>
Street Address (P.O. Box Number is Not Acceptable) <u>20335 W. Country Club Dr #601</u>
City <u>Aventura</u> FL Zip Code <u>33180</u>

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P, CEO, MGR</u> <u>ANDRES HUNCHAK</u> <u>20335 W. COUNTRY CLUB DR #601</u> <u>Aventura, FL 33021</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andres Hunchak ANDRES HUNCHAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/04
Date

972-826-3020
Daytime Phone #

CR2E034B (12/02)