2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Apr 02, 2003 8:00 am Secretary of State
DOCU 1. Entity Nan 3800 COI	ne	00013459		Secretary of State 04-02-2003 90074 045 ***150.00
Principal Place of Business 2410 N BAY ROAD MIAMI BEACH FL 33140		Mailing Address 2410 N BAY ROAD MIAMI BEACH FL 33140		
2. Principal Place of Business 7400 No Kendall Dr. Suite, Apt. #, etc.		3. Mailing Address	as othe	<u>k</u>
City & State		<u>Srd</u>	<u>L</u>	4. FEI Number CF 0417750 Applied For
1 nn	mi, Flar Country	Zip	Country	03-04 17 / 33 Not Applicable
3315				5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent
COOK, JAMES H. Sandra Cook 2410 N BAY ROAD Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 T400 N: Kendall Dn. #201				Sandra Cook
City Mami Fla. FL Zip Code 337.56 8. The above named entity submits this statement for the purpose of changing its registered office or registered ageht, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature-typed or finited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				
10. TITLE	OFFICERS A		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	COOK, III, JAMES H 2410.N BAY ROAD MIAMI BEACH FL 33140		NAME STREET ADDRESS CITY-ST-ZIP	1400 W. KENadi DI. #207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, SANDRA H 2410 N BAY ROAD MIAMI BEACH FL 33140	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7400 N. Kendall Drive #207 Miami, Fla. 33156
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		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
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				
SIGNATURE: SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-31-03 305-534-0657				