<u></u>	2 UNIFO MENT #		NESS REPO	RT	(UBI	R)	I	Feb 20,		8:0		しょらいひなど
1. Entity Nam	ne	ERING GROUP		Secretary of Sta 02-20-2002 90030 048 ***150.0								
Principal Place of Business 182 NE 168 STREET MIAMI FL 33162			Mailing Address P O BOX 266348 WESTON FL 33326 US			,						
2. Principal P Suite, Apt.	flace of Business #, etc.		3. Mailing Address Suite, Apt. #, etc.				(. 	DO NOT WRI		1818 19181 18111	1 004 6 (03) 1001	
City & State		REINH	City & State				4. FEI Numb	oer 65-039973 !	5		oplied For]
-Zip	₹'	intry	Ziρ	Coun	try		5. Certificate	e of Status Desired		\$8.75 Add	ditional	-
		Address of Current F	l Registered Agent				7. Name an	d Address of New I				1
717 PON0 #215	unslee R De de Leon Bly Ables Fl 33134				Street A	3 2_	O. Box Numb		EI	Zip Cod	e	
8. The above		nits this statement for	the purpose of changing its	JOH	i L	r registere	MIX wed agent, or be			Zip Cod 33		
Tax filing r	oration is eligible to requirement and eli ria on back)	satisfy its Intampible ects to do so.	FILE NOW After May 1, 20 Make Check Paya	02 Fee	will be \$5	50.00	ј т,	ection Campaign Firust Fund Contribution			May Be to Fees	
11. TITLE NAME STREET ADORESS CITY-ST-ZIP	D PEPPER, JOHN P O BOX 2663 WESTON FL 33	1 8	DIRECTORS Delete			4	ADDITIONS P	CHANGES TO OFF	FICERS AND	DIRECTOR:	S IN 11 Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE NAME STRE	ET ADDRESS		egory NE	168 ST	REE I	☐ Change	Addition	CR2
CITY-ST-ZIP··· TITLE NAME STREET ADDRESS		w ₁ - Ve	☐ Delete	TITLE NAMI STRE		70	'RTH	MIAMIT	BEAC	<u>+{∵- h</u> <u>i</u> □ Change	<u> 33167</u> □ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREE	•					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Delete	4						Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	1
indicated	on this report or \$ u	ipplemental reeart is i	this filing does not qualify fo true and accurate and that i wered to execute this report ith all other like empowered	mv sianat	ure shal⊦h	ave the sa	ame legal effe	ct as if made under	oath: that I a	m an officer	or director	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date