

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90035 048 \*\*\*150.00

DOCUMENT # P93000020313  
1. Entity Name 03/31/93 Fla Inc

**DO NOT WRITE IN THIS SPACE**

**425690**

2. Principal Place of Business 6310 Via Palladium  
Suite, Apt. #, etc.

3. Mailing Address 6310 Via Palladium  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL  
Zip 33433 Country USA

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Zip 33433 Country USA

4. FEI Number 65-0406889  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name LEESA PARKER  
Street Address (P.O. Box Number is Not Acceptable) 6310 Via Palladium  
City Boca Raton FL Zip Code 33433

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.

SIGNATURE LEESA PARKER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE SMITH LARRY  
NAME 7496 LA PAZ CT  
STREET ADDRESS APT 204 Boca Raton FL  
CITY-ST-ZIP 33433

TITLE DIRECTOR President  
NAME SMITH LARRY  
STREET ADDRESS 7496 LA PAZ CT APT 204  
CITY-ST-ZIP Boca Raton FL 33433

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

March 5/02 5611367/9815

CR2E037B (12/01)