2003 FOR PROFIT CORPORATION

UN	HIFORM BUSINE	SS REPOR'	T (UBR	2)	Feb 24, 200		
DOCU 1. Entity Na	JMENT # P9300 0	0030878			Secretary 02-24-2003 90192		
1101 NW 31	ace of Business AVE BCH FL 33069	Mailing Address 1101 NW 31ST AVE POMPANO BEACH FL 330 US	69				
2. Principal Place of Business 1141 NW 31 AVE Suite, Apt. #, etc. 3. Mailing Address 1141 NW 31 AVE Suite, Apt. #, etc.				AVE CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State			4. FEI Number 65-0408367	<u> </u>	oplied For
Zip	Country	Zip	Country		5Certificate of Status Desired*	\$8.75 Add	ditional
	6. Name and Address of Current Re	gistered Agent			7. Name and Address of New Registered	Agent	
Name							
FILINGS, INC. 3732 NW 16TH ST			Street /	Street Address (P.O. Box Number is Not Acceptable)			
		, .					
FI LAUD	ERDALE FL 33311						
			City		FI	Zip Cod	e
the obliga	ations of registered agent.		Registered Agent signa		d agent, or both, in the State of Florida. I am	Tanina Will,	
Àfte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S				Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
10.	OFFICERS AND DII	RECTORS	11.	-	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
NAME STREET ADDRESS* CITY-ST-ZIP	P HOPKINS, MARV 2 PARK WAY UPPER SADDLE RIVER NJ 07458	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V MEHRA, AJIT 2 PARK WAY UPPER SADDLE:RIVER:NJ:07458	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KHAN, GORDON 2 PARK WAY UPPER SADDLE RIVER NJ 07458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTTUSO, RICHARD 2 PARK WAY UPPER SADDLE RIVER NJ 07458	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	GM BIRD, MICHAEL 1101 NW 31TH AVENUE	☐ Delete	TITLE NAME STREET ADDRESS	BIR	O, MICHAEL NW 31 AVE	Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

POMPANO BEACH FL 33069

RE REQUIRED.

Delete

954-178-9117

☐ Change

Addition