2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 27, 2003 8:00 am Secretary of State

DOCU 1. Entity Nan MCPOH,	_		05-05-2003 90269 016 ***150.00						
Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 SUITE 711					3788				
CORAL GABLES FL 33134 US 2. Principal Place of Business		SUITE 711 CORAL GABLES FL 33134 US 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.									
					CHECK HERE IF MAKING CHANGES				_
City & State		City & State			65-0407050		Applied For Not Applicable		
Zip	Country	Zip	Country	7.5	5. Certificate of Status Desired	□ \$8 Fee	.75 Ad Require	ditional ed	7
	6. Name and Address of Current F	Registered Agent		7	. Name and Address of New Re	gistered Age	nt]
ZERO 34	Name	Name							
201 ALHA	Street #	Street Address (P.O. Box Number is Not Acceptable)							
* STE 711			•				}		
CORAL GABLES FL 33134			City		FL Zip Code				
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office o	r registered	agent, or both, in the State of Flor	ida. I am fami	liar with,	and accept	1
SIGNATURE .								<u>-</u>	}
	Signature, typed or printed name of registered agent at	nd the if applicable. (NOT	E: Registered Agent signal	ture required whe	reinstating)	DATE			-
FILE NOW!!? FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cgeck Payable to Florida Department of State					9. Election Campaign Fina Trust Fund Contribution			O May Be i to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	ECTOR	S IN 11	1_
TITLE 1	PD . MCGUIRK, JAMES	☐ Delete	TITLE NAME	}		, \Box	Change	Addition	8
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NAME STREET ADDRESS CITY-ST-ZIP	POHLIG, FRANCIS M. 201 ALHAMBRA CIRCLE, SUITE 7: CORAL GABLES FL	11	STREET ADDRESS CITY-ST-ZIP						
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STREET ADDRESS			STREET ADDRESS					ł	
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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 changed, or on an attachment with an address, with all other like empowered.

| GNATURE: | SIGNATURE AND TIPED ON PRINTED NAME OF SIGNANG OFFICENCE DIRECTOR

| ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY | ONLY

SIGNATURE: _