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

## **DOCUMENT #**

P93000035007

1. Entity Name

SIGNATURE:

JOSEPH S. ROSENBAUM, PA



## **FILED** Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90138 001 \*\*\*150.00

						WE WE								
Principal Place of Business 2400 SOUTH DIXIE HIGHWAY SUITE 105 MIAMI FL 33133			2400 Suite	Mailing Address 2400 SOUTH DIXIE HIGHWAY SUITE 105 MIAMI FL 33133				-	A Application of the Control of the					
2. Principal Place of Business				3. Mailing Address					4 <b>: (0   1   2   1   1   1   1   1   1   1   1</b>	<b>99</b> 684 <b>86</b> 846 <b>81</b> 		<b>.                                    </b>		
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.					☐ CHECK HEF	 RE IF MAKI 	NG CH	HANGES		
City & State			City	City & State			4. FEI Number 65-042			14			pplied For ot Applicable	
Zip Country			Zip	Zip · Country				5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Curre	nt Registere	d Agent				7. N	lame and Address of New	Registere	d Age	nt		1
ROSEÑBA	aum, Jose			Name										
2400 SOUTH DIXIE HIGHWAY SUITE 105						Street Add	dress (F	P.O. B	ox Number is Not Acceptal	ble)   				-
MIAMI FL 33133							City			FL Zip Cod			le	$\frac{1}{1}$
	tions of regist	ered agent.							ent, or both, in the State of			iliar with,	and accept	
	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	: Registere	d Agent signature	required	when rei	instating)	DAT	E			
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.0 o Florida Department				·			9. Election Campaign Trust Fund Contribu	, -			00 May Be d to Fees	
10.	OFFICERS AND DIRECTORS 11				11.			AD	DITIONS/CHANGES TO O	FFICERS A	ND DII	RECTOR	S IN 11	┨.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NUM, JOSEPH S IXIE HWY #105 33133		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP						) Change	☐ Addition	70,000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	да. 18 чил. С. Р	. ,		☐ Delete	CITY	E ET ADDRESS -ST-ZIP						Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or the or on an atta	e information supplied w it or supplemental repor ne receiver or trustee of achment with an address	rith this filing t is true and a powered to s, with all oth	does not qualify for accurate and that m execute this enor	the exer ny signat as equir	mption state ure shall hav ed by Chap	d in Sec ve the si ter 607,	ction 1 ame le Floric	19.07(3)(i), Florida Statute egal effect as if made unde la Statutes; and that my na	s. I further or er oath; that me appear	certify t I am a s in Bk	that the in an officer ack 10 or	nformation or director Block 11 if	