FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Jan 16, 2003 8:00 am Secretary of State P93000054365 DOCUMENT # 1. Entity Name 01-16-2003 90054 026 ***150.00 BRUCE F. IDEN TRUSTEE, INC. Principal Place of Business Mailing Address 3240 CORPORATE WAY 3240 CORPORATE WAY -CUITE-600 SHITE-COO MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address 3240 orporate be Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0427184 MIRAMAR Not Applicable Country 3302 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IDEN, BRUCE F Street Address (P.O. Box Number is Not Acceptable 3240 3240 CORPORATE WAY HOLLYWOOD FL 33025 MIRAMAR 8. The above named entity submits this statement for the p changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent a (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition IDEN, BRUCE F NAME NAME F. DE STREET ADDRESS 3240 CORPORATE WAY STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐.Delete TITLE _____Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like en powers. exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGN