FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSIN	IESS REPO	RT (UBR)	Jan 13, 20	003 8:00 am
DOC 1. Entity N	UMENT # P930	00085949		Secretar	y of State 817 003 ***150.00
Principal Place of Business 1751 NE 162ND ST N MIAMI BCH FL 33162 US		Mailing Address 1751 NE 162ND ST N MIAMI BCH FL 33162 US		11000401	
2. Principa	al Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF N	
City & State		City & State		4. FE! Number 65-0455627	Applied For
Zip	. Country	Zip	Country		Not Applicable \$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent			Fee Required
			Name	7. Name and Address of New Regis	stered Agent
	r, andrew L Broward Blvd		Street Addres	s (P.O. Box Number is Not Acceptable)	
PLANTAT	TION FL 33324		City		FL Zip Code
SIGNATURE	•	nt and title if applicable. (NO	S registered office or regis	red when reinstating) 9. Election Campaign Financiar Trust Fund Contribution.	DATE \$5.00 May Be
10.	OFFICERS AND		· • • • • • • • • • • • • • • • • • • •		Added to Fees
TITLE	D KAPLAN, JOSH	Delete	TITLE NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11 Change Addition
STREET ADDRESS CITY-ST-ZIP	1751 NE 162ND ST N MIAMI BCH FL 33162		STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY, ST. 7/B		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date