2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P94000003801 DOCUMENT

ROSLYN C. LEWIN, P.A.



Principal Place of Business Mailing Address
4300 N UNISERSITY DR 4300 N UNIVERSITY DR B 100 LAUDERHILL FL 33351 SUITE B100 LAUDERHILL FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



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					THE CHECK HEHE IF MAK	ING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-0460578	Applied For		
Zip	Country	Zip	Country			Not Applicable		
					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
EWIN, ROSLYN C 1300 N UNIVERSITY DR SUITE B100 AUDERHILL FL 33351				Name		24 Agent		
				Street Address (P.O. Box Number is Not Acceptable)				
				1				

City

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Departm

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be

Zip Code

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.		d to Fees		
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICER	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	PST LEWIN, ROSLYN C 4300 N UNIVERSITY DR SUITE B100 LAUDERHILL FL 33351	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	Addition		
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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 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 attactment with an address, with all other like empowered.

SIGNATURE: