## 0356472 AV

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

<u>UN</u>	IFORM BUSI	NESS REPOR	74pi 10, 2005 0.00 am		Ñ	
1. Entity Nam		000021597		Secretary (04-16-2003 90171 0		Ą
Principal Place of Business 13131 NW 11 ST SUNRISE FL 33323		Mailing Address 13131 NW 11 ST SUNRISE FL 33323				
2. Principal Place of Business		3. Mailing Address			8 1200 11001 51110 15111 1001 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0478459	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	7 -
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered	Agent	]
The specific of the second of						
BALZANO, PAUL Street Address				(P.O. Box Number is Not Acceptable)		┪
13131 NW 11 ST						4
SUNRISE	FL 33323					
·*	· ·		City	F	Zip Code	1
	named entity submits this statem ions of registered agent.		registered office or registe  E: Registered Agent signature require	ered agent, or both, in the State of Fiorida. I an  Y DATE	n familiar with, and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 c Payable to Florida Departme	0.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	1
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	, -		TITLE		Change Addition	
NAME STREET ARRESS			NAME			15
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONNIOL 1E JONES	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	CR2E034 (10/02)
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

SATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/63

Daytime Phone #

☐ Change

Addition