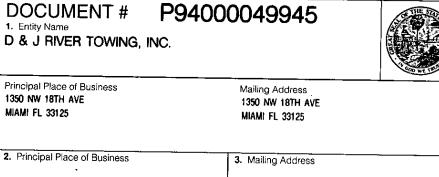
## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90351 041 \*\*\*150.00

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



|--|--|

4. FEI Number 65-049764	nber 65-0497641			Applied For	
	1 +016+0 60			Not Applicable	
5. Certificat	te of Status Desired		\$8.75 Additional Fee Required		
7. Name an	nd Address of New R	egistere	Agent	<del></del>	

DATE

	Name
MCALPIN, DANIEL 1350 NW 18TH AVE	Street Address (P.O. Box Number is Not Acceptable
MIAMI FL 33125	
-	City

Suite, Apt. #, etc.

City & State

Zip

8. 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.

(NOTE: Registered Agent signature required when reinstating)

Country

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 Department of State

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 14				
TITLE	MOD			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME		☐ Delete	TITLE		🗶 Change	☐ Addition	
STREET ADDRESS	GRIFFIN, JAMES III		NAME				
1	3630 N.W. NORTH RIVER DRIVE		STREET ADDRESS	1350 NW 18th Ave			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami, FL 33125			
TITLE	PD	☐ Delete	TITLE	- MIAMI, FL 33125	Change	T Addition	
NAME	GRIFFIN, JAMES J		NAME		<b>X</b> J change	Addition	
STREET ADDRESS	3630 NW N RIVER DR		STREET ADDRESS	1350 NW 1044 >			
CITY-ST-ZIP	MIAMI FL .		CITY-ST-ZIP	1350 NW 18th Ave			
TITLE	1710 4711 1 2			Miami, FL 33125		i	
NAME		Delete	TITLE .		☐ Change	Addition	
			NAME		_	_	
STREET ADDRESS			STREET ADDRESS			i	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			<del></del>	
NAME			NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE							
NAME		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS			1	
CIT-SI-ZIP			CITY-ST-ZIP			j	
TITLE		☐ Delete	TITLE		— Change	- Addising	
NAME	•		NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS			İ	
CITY-ST-ZIP	,*		CITY-ST-ZIP				
			Ott 1-01-78			J.	

12. I hereby certify that the information supplied with this filling 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 of 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 be excited 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 piter like empowered.

SIGNATURE: