## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE  2. Principle Place of Business 2.304 Bat Daire  2. Sules Apt in County 3. Mailing Address 2.104 Sate Pentano Black, ft. County 4. Sate Pentano Black, ft. Pentano Black, ft. Pentano Black, ft. Pentano Black Pentano Black, ft. Pentano Black, ft. Pentano Black IN THIS SPACE  DO NOT WRITE IN THIS SPACE  3. In the place of county of the second or this submiss his statement for the purpose of changing its registered diffice or registere	U	JNIFORM BUSIN	IESS REPORT	(UBR)	Secretary of	f State
2. Principal Place of Business 2 3.04 BA7 DAIVE State Apt # etc.  Suite Apt # etc.		me	, 533/3			
Sure, Apt. 8, etc.  Sure, Apt. 9, etc.  Sure, Apt. 9, etc. 9, etc. 1, etc.  Sure, Apt. 9, etc. 1,		DO NOT WRIT	E IN THIS SPA	ACE		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   Apt. #, etc.   DO NOT WRITE IN THIS SPACE   April				·		
Security				<u>√√E</u>		
Security	City & Sta	. A CACH Fr	City & State Ponfano BLACH	, FL	4. FEI Number 65 - 0572145	Applied For Not Applicable
To Name and Address of Current Registered Agant Name	Zip 330	Country USA	Zip	Country	5. Certificate of Status Desired 5	8.75 Additional
DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  230 # Bay Dave  City Pontano CEACH FL 2to Code 33 of City Pontano CEACH FL 2to Ceach Pontano CEACH FL 2to Ceach Pontano CEACH FL 2to Ceach Pontano Ceach Florida.  SIGNATURE  1. OFFICERS AND DIRECTORS  1. OFFICERS AND DIRECTORS  1. OFFICERS AND DIRECTORS  1. IT COMPANY CEACH FL 2to Ceach Pontano					7. Name and Address of Current Registered A	·
IN THIS SPACE  230 # BAY DAIVE  City Pontano Reach FL Zip Code City Pontano Reach FL Zip Code Signature host or present name of registered for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature host or present name of registered office or registered agent, or both, in the State of Florida.  Signature host or present name of registered office or registered agent, or both, in the State of Florida.  Signature host or present name of registered office or registered agent, or both, in the State of Florida.  Signature host or present name of registered office or registered agent, or both, in the State of Florida.  Signature host or present agent agent is sent agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature host of registered agent, or both, in the State of Florida.  Signature agent agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.  Signature agent, or both, in the State of Florida.	عدد مد	י דמא מח	VRITE	- Estélle-K-Blunsen6		
SIGNATURE  Signature types or private named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intargible Tax filing requirement and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. DIRECTORS  17. ST. 2P  17. ST. 2P  18. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. ST. 2P  10. ST. 2P  1				Street Address (P.O. Box Number is Not Acceptable)		
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.  SIGNATURE  Sprature, typed or protect raise of registered agent and set of applicable.  9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so.  After May 1, Fee is \$150,00  After May 1, Fee is \$150,00  After May 1, Fee is \$510,00  After May 1, Fee is \$510,00  After May 1, Fee is \$510,00  After May 1, Fee is \$550,00  After May 1, Fee is \$500,00  After May 1, Fee is \$510,00  After May 1, Fee is \$150,00  After May 1, Fee is \$510,00  After May 1, Fee	ű	114 17113 3	PACE			Zip Code
SIGNATURE    Symptoms, typed or printed name of registered agent and title if applications. (NOTE Registered Agent signature recounted when remaintaling): DATE    This corporation is eligible to satisfy its Intangible Tax Rifing requirement and elects to do so. (See criteria on back):   After May 1, Fee is \$550.00	8. The above	a named entity submits this statement	for the purpose of changing its reg			33062
TITLE NAME STREET ADDRESS STREET ADD	9. This corpo	oration is eligible to satisfy its Intangit requirement and elects to do so.	Die January 1 - May After May 1, F Amended U	1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25	10. Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	D DIRECTORS			
TITLE NAME STREET ADDRESS	NAME	BLUMBERG, ESTELLE K.		NAME "		
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME VAME VAME VAME VAME VAME VAME VAM		CONTANO BEACH, FL	33062			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE LIAME LIAME STREET ADDRESS CITY-ST-ZIP  TITLE LIAME STREET ADDRESS CITY-ST-ZIP  TITLE LIAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME Street address			NAME STREET ADDRESS		
ITTLE IAME ITTREET ADDRESS ITTY-ST-ZIP ITTLE ITT	VAME STREET ADDRESS			NAME STREET ADDRESS	DO NOT WRIT	E
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITYE SAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS		290 - Parks III de li c <b>ompanies</b> au	NAME STREET ADDRESS		
AME NAME TREET ADDRESS STREET ADDRESS	IAME ITREET ADDRESS		Ì	NAME STREET ADDRESS		
ITY-ST-ZIP CITY-ST-ZIP	AME TREET ADDRESS			TITLE NAME STREET ADDRESS		

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIRECTOR

4/2/02

Dautimo Phone #