

FILED
Jun 16, 2003 8:00 am
Secretary of State

0156859 AV

DOCUMENT # P94000079222		Secretary of State	
1. Entity Name RHONDA HOLLANDER, P.A.		06-16-2003 90139 045 ***550.00	
Principal Place of Business 1861 N. FEDERAL HIGHWAY SUITE 191 HOLLYWOOD FL 33020 US		Mailing Address 1861 N. FEDERAL HIGHWAY SUITE 191 HOLLYWOOD FL ##)@) US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOLLANDER, RHONDA 1861 N. FEDERAL HIGHWAY, SUITE 191 SUITE 200 HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name HOLLANDER, Rhonda Street Address (P.O. Box Number is Not Acceptable) 1861 N. Federal Hwy #191 Suite 191 City Hollywood FL Zip Code 33020	
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. SIGNATURE <u>RHONDA HOLLANDER</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/13/03</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, RHONDA 1861 N. FEDERAL HWY. 191 HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.			
SIGNATURE: <u>RHONDA HOLLANDER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/13/03 954 684 5612 Date Daytime Phone #	