2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

FORT LAUDERDALE FL 33301

888 E LAS OLAS BLVD

P94000088122

Mailing Address

SUITE 710

888 E LAS OLAS BLVD

FORT LAUDERDALE FL 33301

1. Entity Name

SUITE 710

KUVIN & STETTIN, P.A.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90068 042 ***150.00

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City & State City & State City & City	2. Principal Place of Business				3. Mailing Address				! 1881;381 :10 1811; \$1611 8811 8011 8011 8618 1		18 11010 1101 1001	
Zip Country Zip Country S. Certificate of Status Desired	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Country Coun	City & State				City & State				001046128			
KUVIN, LAWRENCE P 888 E LAS OLAS BLVD STE 710 FT LAUDEROALE FL 33301 6. The above trained entity submits into statement for the purpose of changing its registered editice or registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiller with, and accept the obligations of registered agent, or both, in the State of Florida Delate of	Zip Country					Coun	Country 5.			\$8.75 A	dditional	
Name	6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registered A	gent		
Street Address (P.O. Stox Number is Not Acceptable) STEP 1/0 FT LAUDERDALE FL 33301 6. The above trained only submits this statement for the purpose of charging its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE STEPH STEPH STEPH ST. \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DISTRIPLY FROM CONTRIBUTION STEPH ADDRESS STREET ALDRESS STEPH ALDRESS STREET ALDRESS STREET ALDRESS STREET ALDRESS STREET ALDRESS STREET ALDRESS STREET ALDRESS CITY-ST-2P THE MAKE MAKE MAKE MAKE STREET ALDRESS CITY-ST-2P THE MAKE MAKE STREET ALDRESS CITY-ST-2P Delete THILE MAKE STREET ALDRESS CITY-ST-2P Delete THILE MAKE STREET ALDRESS CITY-ST-2P Delete THILE MAKE STREET ALDRESS CITY-ST-2P THE MAKE STREET ALDRESS CITY-ST-2P Delete THILE MAKE STREET ALDRESS CITY-ST-2P DELET THE MAKE STREET ALDRESS CITY-ST-2P THE THE MAKE STREET ALDRESS CITY-ST-2P THE THE MAKE THE THE THE THE TH	The state of the s											
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or protee name of registered depend and tice is applicable. (NOTE Registered Agent signature required when mirroriting) DATE	888 E LAS OLAS BLVD						Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees and Color is applicable. (NOTE: Registered Agenc Egoluture required where increasing) Trust Fund Contribution. \$55.00 May Be Added to Fees and Color is applicable. 11.	FT LAUDERDALE FL 33301						City		FL	Zip Co	de	
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	CITY-ST-ZIP	ertify that the	information supplied with	this filing	does not qualify for t	CITY-	ST-ZIP	d in Spatian 4	10.07/2Vi\ Elorido Statutos I funkcio	6. that th	info was a king o	

12 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:

1-15-03 954-462-1809 Date Daytime Phone #