2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000005462 DOCUMENT

1. Entity Name

SIGNATURE:



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90155 006 ***150.00

Pincipal Piece of Suprises 780 COMES 97 20 COMES SPRINGS PL 30067 22. Pincipal Piece of Business Suite, April 4, etc. City 8 State Cry 8 State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Cardictate of State Desire Registrated Agent North Country Street Address of New Registrated Agent Fig. 1909, 1909, 1909 Fir. LAUDEROLE FR 33004 City Country Street Address of Desire Address of State Desire City 8 State City 8 State City 8 State Country S. Cardictate of State Desire Street Address of New Registrated Agent Fig. 1909, 1	ALL SEA'S		COD WE T									
Suite. April. #. etc. City & State City & State City & State A. FEI Number 65-0546970 Applied For Required Fee Required Fe	7830 C WILES CORAL SPRIN	RD	7830 Č WILES CORAL SPRIN	7830 Č WILES RD CORAL SPRINGS FL 33067								
City & State Country Country Country Country Country Country S. Cartificate of Status Desired September Septemb	2. Principal F	Place of Business	3. Mailing Add	3. Mailing Address			1 1100/8001 110 (810) 010/11 00/11 00/11 00/11 00/11 00/11 01/11 01/11 01/11 01/11 01/11 01/11 01/11					
Exp. Country Zip Country S. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Certificate of State Desired St. Additional Fee Required St. Certificate of State Desired St. Certificate of St. Certificate of State Desired St. Certificate of St. Certificate of State Desired St. Certificate of St. Certificate of St. Certificate of St. Certificate of State Desired St. Certificate of St. Certificate of State Desired St. Certificate of St. Certific	Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
S. Certificate As State Desired Series Address of New Registered Agent 7. Name and Address of New Registered Agent Name COLDSTEIN, DAVID 1120 SERMINOLE DRIVE #1 FT. LAUDERDALE FL 33304 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Fordal. I am familiar with, and accept the orbigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 MILE GOLDSTEIN, DAVID STRET ADDRESS OTTY-ST-ZP THE GOLDSTEIN, DAVID STRET ADDRES	City & Stat	е	City & State	City & State		4	4. FEI Number 65-0546970					
Name Solidstein David	Zip	Country	Zip	Zip Coun ^s		5						
GOLDSTEIN, DAVID 1120 SEMINOLE DRIVE #1 FT. LAUDERDALE FL 33304 TO BO WILES CO City Cord Spring FL Zingsder City Cord Spring FL Zingsder 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stafe of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Poyable to Florida Department of State 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TEE OFFICERS		6Name and Address of Cur	rent Registered Agen	1	- L. 25-1 -	7	. Name and Address of New	Registered Age	ent		1	
STEER ACCRESS (**O. BOX NUMBER'S NOT ACCRESS (**O. BOX NUMBER'S NUMBER	GOLDSTE		(امِد	dstein. Da	yIO!						
City Cond Springs FL ZipCool 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the Stake of Forda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	1120 SEM	INOLE DRIVE #1			Street Addr	ess (P.O	. Box Number is Not Acceptar	oie)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Stake of Florida. I am familiar with, and accept the coligations of registered agent. Signature Signat	•					783	30 Wiles	,				
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the Stake of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILE NOW!! FEE IS \$150.00					City C	D C	al Springs	FL	Zip Code 331	567	l	
FILE NOW!! FEE IS \$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 TITE MAKE SITER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE MAKE 1120 SEMINOLE DRIVE, #1 FT. LAUDERDALE Ft. 33304 TITLE MAKE STRET ADDRESS OTY-ST-2P TITLE MAKE STRET ADDRESS OTY-ST-		-	ent for the purpose of c	hanging its registe	ered office or re	gistered		Florida. I am fam	iliar with, a	and accept		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Register	red Agent signature n	equired whe	en reinstating)	DATE				
Make Check Payable to Florida Department of State 10.					, ,	~ —						
TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE N							Irust Fund Contribut	ion. ⊔	Added	to Fees		
NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	10.	OFFICERS A	AND DIRECTORS	11			ADDITIONS/CHANGES TO O	FICERS AND DI	RECTORS	S IN 11	1.	
STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME SIREET ADDRESS CITY-ST-ZP TITLE NAME SIRET		!] Change	Addition	00/	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP C					- 1						140	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S											2	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITL			П	Delete TIT	LE			· ·	7 Change	☐ Addition	Č	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OElete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET A			_	•	ме				- ,	_	C	
TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-					I							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP		F22						.		ł	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-			· ·		i i		• • • • • • • • • • • • • • • • • • • •		J Change"	Addition	ľ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							Ÿ.					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	CITY-ST-ZIP			CIT	Y-\$T-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Belete TITLE TO BELET TITLE TO BELET TITLE TO BELET TITLE TO BELET TO BELE	TITLE			Delete TiT	LE] Change	Addition		
CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby certify that the information specified with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes further certify that the information		ì			· ·						ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL					I							
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information sweetlers with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes information									T Channe	☐ Addition	١.	
CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TOT					· ·				Jonanyo		ļ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Belete TITLE NAME STREET ADDRESS CITY-ST-ZIP Clarge Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information sweetlers with this filing does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes + further certify that the information	STREET ADDRESS			STF	REET ADDRESS						ļ	
NAME STREET ADDRESS CITY-ST-ZIP 12 Liberably certify that the information specified with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes further certify that the information	CITY-ST-ZIP				Y-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP 12. Libereby certify that the information specified with this filling does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes + further certify that the information					- 1] Change	☐ Addition		
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP												
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 faceiver 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		, '										
	12. I hereby of indicated of the cor	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee of	with this filing does no ort is true and accurate empowered to execute	ot qualify for the exe e and that my signa this report as requ	emption stated ature shall have aired by Chapte	in Section the same r 607, Flo	on 119.07(3)(i), Florida Statutes ne legal effect as if made unde orida Statutes; and that my nar	s. I further certify r oath; that I am a me appears in Bl	that the in an officer o	formation or director Block 11 if		