2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 309

7421 N UNIVERSITY DRIVE

P95000053397 **DOCUMENT #**

1. Entity Name

SUITE 309

Principal Place of Business

7421 N UNIVERSITY DRIVE

SIGNATURE:

ID ASSOCIATES OF BROWARD, P.A.



FILED Feb 24, 2003 8:00 am Secretary of State
02-24-2003 90204 041 ***150.00

954-721-9494

Daytime Phone #

2003

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TAMARAC FL	L 33321 TAMARAC FL 33321				I JORDAN AND LOUIS DAVIN BONN FORM BOWN BOWN BANKS BY AND A YORK YORK 1844 ISBN 1844 I			
2. Principal F	Place of Business	3. Mailing Address				, 14 0018 1 01100 1110 1111		
7421 N. UNIVERSITY DRIVE , 7421 N. UNIVER				トレビ	,	•		
Suite, Apt.		Suite, Apt. #, etc.			CHECK HERE IF M	AKING CHANGES	3	
Sw	L 1		212					
City & Stat	and the second s	City & State	FL		4. FEI Number 65-0589189		Applied For Jot Applicable	
Zip	Country	Zip	Country			\$8.75 40		
333	321 TUSA	33321	USA		5. Certificate of Status Desired	Fee Require		
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Regis	tered Agent		
				Name				
OSINSKI, VAL L				Street Address (P.O. Box Number is Not Acceptable)				
9836 W SAMPLE ROAD				Citot Notices (1.0. Box Hamber to Not Accoptable)				
CORAL S	PRINGS FL 33065							
			City			Zip Cod	 de	
					TAKEN YAR B	ru j		
.16. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registered	d agent, or both, in the State of Florida.	I am familiar with	, and accept	
	ions of rogistoros agoni.							
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signatu	re required w	then reinstating)	DATE		
_ '	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financi	ng \$5. (00 May Be	
	r May 1, 2003 Fee will be \$550.00				Trust Fund Contribution.	~ _ +0.,	d to Fees	
	R Payable to Florida Department of	<u> </u>						
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICER			
TITLE	, ט	☐ Delete	TITLE	DIN	lecton	Change	☐ Addition	
NAME STREET ADDRESS	RAMIREZ, RAMON 4339 NW 73RD WAY		NAME STREET ADDRESS	(</td <td>MOW PLAMIREZ 2 NW 68th DRIVE</td> <td>•</td> <td></td>	MOW PLAMIREZ 2 NW 68th DRIVE	•		
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NAME CTREET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	Views I * V							
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME Street address				j	
CITY-ST-ZIP			CITY-ST-ZIP					
	ertify that the information supplied with t	nie filing doge not qualify for the	1	nd in Cost	ion 110 07/2)(i) Florido Statutas 14 mil	or portification at the six	afa.ma*!	
indicated	on this report or supplemental report is t	rue and accurate and that my	rsignature shali ha	ive the sar	me legal effect as if made under oath: i	that I am an officer	or director	
changed,	poration or the receiver or trustee empow or on an attachment with an address, wi	rered to execute this report as th all other like empowered.	required by Char	oter 607, F	-iorida Statutes; and that my name app	ears in Block 10 or	r Block 11 if	