DOCUN 1. Entity Name	UNIFORM BUSH MENT # P9500000		RT (UBR)	FIL May 11, 20 Secretary 05-11-2001 9005	<b>ED</b> 001 8:00 a y of State 53 007 ***150.00
Principal Place of Business 725 SW 4TH ST. DANIA FL 33004		Mailing Addross 113 NORTH FEDERAL HWY DANIA FL 33004			
<ol> <li>Principal Place of Business</li> <li>Suite, Apt. #, ctc.</li> </ol>		3. Mailing Address			
		Suite, Apt. #, etc.		DO NOT WRITE IN TH	
City & State		City & State	·····	4. FEI Number 65-0597195	Applied For Not Applicab
Zip	Country	Zip .	Country	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Register	ed Agent
EDISON, SYLVESTER 725 SW 4TH ST. DANIA FL 33004				s (P.O. Box Number is Not Acceptable)	
			City		Zio Code
SIGNATURE _ 9. This corpo Tax filing re	Signature typed or printed name of registered agent an ration is eligible to satisfy its Intangible equirement and elects to do so.	d title ( apolicable. (NO FILE -NOW After MAY 1, 20 Make Check Paya	e registered office or regis E Registered Agent signature redu III FEE IS \$150.00 D01 Fee will be \$550.00 ble to Department of S	0 10. Election Campaign Financing Trust Fund Contribution	\$ <b>5.00</b> May Be Added to Fees
<b>11</b> .			12.	ADDITIONS/CHANGES TO OFFICERS	
NAME STREET ADDRESS CITY-ST-ZIP	EDISON, SYLVESTER 725 SW 4TH ST. DANIA FL 33004	Celete	TIELF NAME STREET ADDRESS CITY - ST - ZIP		🗌 Change 🔛 Add ti
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDISON, DIANA 725 SW 4TH STREET	🛄 Deiete	TITLE NAME STREET ADDRESS COLY-ST-ZIP		🗌 Change 📃 Adc <sup>a</sup> ti
BILE NAME STREET ADDRESS CITY-ST-ZIP	DANIA FL 33004	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 🗋 Add®
TITLE NAME STREET ADDRESS CITY-ST-ZIP		De'ete	TITLE NAME STREET ADORESS CITY-ST-ZIP	, . <u></u>	🛄 Change 🔄 Acdit
TITLS NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREE' ADDRESS CITY-ST-ZIP		🗌 Change 📄 Addit
TITLE NAME STREET ADORESS CITY - ST - ZIP		Delete	TITLE NAME STREEF ADDRESS CITY-ST-Z:P		🗌 Change 📄 Addit
of the cor	on this report or supplemental report is poration or the receiver or trustee empo, or on an attachment with an address, w	true and accurate and that wered to execute this repor vith all other like empowered	my signature shall have t rt as required by Chapter d.	n Section 119.07(3)(i), Florida Statutes. I furthe the same legal effect as if made under oath: th 607. Florida Statutes; and that my name appe E PRESIDENT 4-24-01 Date	hat I am an officer or directo ears in Block 11 or Block 12