

DOCUMENT # P95000065067



Mailing Address  
7135 COLLINS AVE  
1023  
MIAMI BEACH FL 33141

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

6. Name and Address of Current Registered Agent	
---	--

Name \_\_\_\_\_

**7. Name and Address of New Registered Agent**

Street Address (P.O. Box Number is Not Acceptable)

City

<b>FI</b>	Zip Code
-----------	----------

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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.

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change      ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)