2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCU 1. Entity Nam M.S.M.S.	ne	00067225		Secre	2002 8:00 tary of Sta 02 90047 050 ***158	ate	
Principal Plac 1019 5TH ST. MIAMI BEACH		Mailing Address 1019 5TH ST. MIAMI BEACH FL 33139)				
2. Principal P	Place of Business	3. Mailing Address	OLD ROP	1 100/700/ 210 10/07 02/1/5 02/1/5	38 00 30 00 30 00 3 000 13 0 0 110 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 708		DO NOT W	DO NOT WRITE IN THIS SPACE		
City & State		City & State BEACH FCA.		4. FEI Number 65-06108	144	oplied For ot Applicable	
Zip	Country	33,39	Country Da	5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered Agent	-	
FEINGOLD, LAURENCE ESQ. 10901 S.W. 65TH AVE. MIAMI FL 33156				Street Address (P.O. Box Number is Not Acceptable)			
1111/2011 1 E	30100		City		FL Zip Code	e	
SIGNATURE . 9. This corporate fax filing r	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	and title if applicable. 3 (NO FILE NOW After May 1, 2	OTE: Registered Agent signatur VIII FEE IS \$150.0 2002 Fee will be \$55 able to Department	0 10. Election Campaign Trust Fund Contribu	DATE Financing \$5.0	0 May Be	
11. 🔭	OFFICERS AND		12.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULWER, MICHAEL 1019 5TH STREET MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ji	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change 🚽	Addition	
indicated of the cor	on this report or supplemental report i	s true and accurate and that owered to execute this repo	t my signature shall ha et as required by Chac	od in Section 119.07(3)(i), Florida Statute ve the same legal effect as if made undo ster 607, Florida Statutes; and that my na	er oath; that I am an officer	or director	