

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

ΔV

[illegible]☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0652347**

Applied For
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL  
1400 NW 107TH AVENUE  
MIAMI FL 33172

Name \_\_\_\_\_

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ADLER, MICHAEL M	
STREET ADDRESS	1400 N.W. 107 AVE, 5TH FLOOR	
CITY- ST- ZIP	MIAMI FL	

TITLE	EVAS	<input type="checkbox"/> Delete
NAME	LEVY, JOEL	
STREET ADDRESS	1400 N.W. 107 AVE, 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	ARRIZURIETA, LUIS	
STREET ADDRESS	1400 NW 107 AVE	
CITY - ST - ZIP	MIAMI FL	

TITLE	AS	<input type="checkbox"/> Delete
NAME	ADLER, LINDA	
STREET ADDRESS	1400 NW 107 AVE	
CITY - ST - ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLER, MICHAEL M	
STREET ADDRESS	1400 NW 107TH AVE 5TH FL	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Adler, Michael M.		
STREET ADDRESS			
CITY-ST-ZIP			

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 REQUIRED

Joel Levy, EV 4/22/03 (305) 392-4050

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/02)