2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90184 008 ***150.00

FILED

| 1. Entity Nar MSSA, IN | ™ IC. | # P96000002 | · | 1 | | | 90 0 | 89043 | | | |
|---|---|--|---|--------------|-------------------------|--------------|--|-------------|------------------|---|-----------------|
| Principal Place of Business 15200 CARTER ROAD SUITE B-8 DELRAY BEACH, FL 33484 | | | Malling Address 15200 Carter Road Suite B-8 Delray Beach, FL 33484 | | | | | | | î . , | |
| 2. Principal F | | | 3. Mailing Address | · · · | | _ | | | | (eve n i i i i i i i i i i i i i i i i i i i | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | 4. F | FEI Number Applied | | | pplied For | ĺ |
| Zip | Zip Country | | Žìp | Country | | 5 . 0 | Pertificate of Status Desire | ——— ⊓ | \$8.75 Add | | |
| | 6. Name | and Address of Current | Registered Agent | | | 7. N | lame and Address of Ne | | | | l |
| HORN, DO | UBLAS M | | <u></u> | | Name | | | | | | |
| 20533 BISCAYNE BLVD #257 AVENTURA, FL 33180 | | | Street Address | | | s (P.O. B | (P.O. Box Number is Not Acceptable) | | | | |
| AVENTOR | d LE '23 lör | ۱. | • 1 • • | . 44. | City | | | FL | Zip Cod | de · | |
| | | | or the purpose of changing its | register | ed office or regist | tered age | ent, or both, in the State of | | familiar with, | and accept | |
| the obligations of registered agent. SIGNATURE | | | | | | | | | | | |
| After | FILE NOW! r May 1: 20 | 1) FEE is \$160.00 03 Fee will be \$56.00 o Florida Department | | | | ien Alleu an | Election Campaign Trust Fund Contrib | | | 00 May Be | \$ |
| | | | | | | | , | | | | |
| 10. | PD | OFFICERS AND | Delete | 11. 10U | | ADI | DITIONS/CHANGES TO C | FFICERS AND | DIRECTOR Change | | ন |
| NAME | PAUL, ME | | ∟ Delese | NAM | | | | • | . □ Olendr | | 100 |
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| STREET ADDRESS CITY-ST-2P | | | | | ET ADDRESS -ST-2IP | | | | | | |
| 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. | | | | | | | | | | | |
| SIGNAT | SIGNATURE: 4/14/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Out Out Out Out Out Out Out O | | | | | | | | | | |