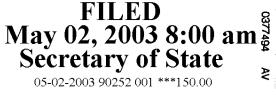
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000017899 **DOCUMENT#** 1. Entity Name FORTE PAWN, INC.





Principal Place 2623 BROADV RIVIERA BEAC	VAY	3	2623	Address BROADWAY AA BEACH FL 33404	, -							
2. Principal Place of Business				3. Mailing Address						<b>3</b>      <b>   </b>		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number	65-0644998	ġ		oplied For ot Applicable
Zip	Country			Zip Cou			5. Certificate of Status				\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent							7. 1	Name and A	ddress of New	Registered A	gent	
FORTE, DOMENICO 6427, TRAVIS RD W PALM BCH FL 33406						114 5	5. And	hxage	is Not Acceptab	FL	Zip Cag	24.32
- ODIOS												
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 reinstating)  OATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									tion Campaign F t Fund Contributi			0 May Be
10.	·	OFFICERS AND	DIRECTOR	RS	11.		AC	DITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Forte, D 2623 Bro Riviera B			Delete		L					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2623 BRO	JISEPPINA ADWAY EACH FL 33404		☐ Delete	- 1						Change	Addition
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TITLE				☐ Delete	TITLE	E	<del></del>				☐ Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP	age of the second se	<u> </u>			1	ET ADDRESS -ST-ZIP		-			_1-1-1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ 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:

Daytime Phone #