FILED Jun 03, 2002 8:00 am Secretary of State 05-16-2002 90052 045 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 7960 Randazzo + Associ	0001857 ales,Inc.	12 ~	_ 34320	
DO NOT WRITI		-		
2. Puncinal Place of Business TH	3. Malling Address		change of addin	792
-3250 NC 38" STICET				
Suite, Apt. #, etc.	Suite, Apr. #. etc.	-anddon-	DO NOT WRITE IN THIS SPACE	
City's State	City & State	1 contract	4. FEI Number 0/0 1920 Appi	lied For
1 1. CMANKWIK	Zip	Country	6>-06/18/9 Not A	Applicable
Zip33308 Country		Country	5. Certificate of Status Desired \$8.75 Addition Fee Required	onal
المنظم المنظ المنظم المنظم المنظ		Name	7. Name and Address of Current Registered Agent	
DO NOT W	RITE	105	eph D. Kundazzo	
IN THIS SE		Street Addre	SSIPO. BY EMPS SMEACE PROPERTY	
in this st	ACE .			
<u> </u>		City F	· Lauderde FL Zipzagez	08
. The above named entity submits this statement for	or the purpose of changing is	registered office or reo		00
	1	• • •	t t	ŀ
GNATURE Signature, typical or painted normal of re-placered address	A CONTRACTOR OF THE PORT OF THE PART OF TH	E: Presidence According to	HIPSE WHOLD INVESTIGATION CONTROL OF THE PROPERTY OF THE PROPE	
This corporation is eligible to satisfy its Intangible		layel Fee is \$150.00		
Tax filing requirement and elects to do so.	Atter May	1, Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing \$5.00 a	vlay Be
(See criteria on back)	Make Check Payal	ole to Department of	Trust Fund Contribution. Added to	Fees
I. OFFICERS AND	IRECTORS			
ME Joseph N. Kanda?	2 0.	DILE NAME		
RETADDRESS 3250 NE. 38, 5 TV	ee+	STREET ADDRESS		15
Ft. Laudendale	FL 33308	CITY-ST-ZIP	<u>. </u>	2000
E		THILE		
EET ADDRESS		NAME STREET ADDRESS		5
r-st-zi₽		CITY-ST-7IP	·	- 1
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re Eft address		NAME		ĺ
-ST-2IP		STREET ADDRESS .	DO NOT WRITE	-
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E		NAME.	IN THIS SPACE	1
ET ADDRESS -ST-ZIP		STREET ADDRESS		
-31-48"		CITY-SI-ZIP		- 1
£ .	•	TITLE		
ET ADDRESS		NAME Street address		1
ST-ZIP		CITY-ST-ZP		1
		TITLE		
T ADDRESS		NAME STREET CONNECTOR		1
ST-ZIP		STREET ADDRESS City-St-Zip		
I hereby certify that the information supplied with tr	nis filing does not qualify for t	he exemption stated in S	ection 119 07/3/fil Elevieta Statutes 15	
mulcated on this report or supplemental report is to of the corporation or the receiver or trustee empor	ue and accurate and that my wered to execute this report	signature shall have the	ection 119.07(3)(i). Florida Statutes, I further certify that the informal same legal effect as if made under oath; that I am an officer or dire 507, Florida Statutes; and that my name appears in Block 11 or on	ition actor
attachment with an address, with all other like empo	owered.		or on the statutes, and that my name appears in Block 11 or on	an
SNATURE! Sos 3	Kangene	*	4/20/00	
SIGNATURE AND TYPED OR POL	HED WHILE OF SCHOOL STATE			- 1