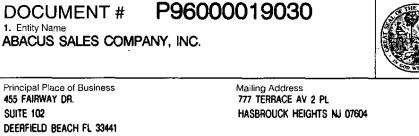
## Apr 21, 2003 8:00 am \$ Secretary of State **FILED**

04-21-2003 91047 047 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

**DOCUMENT #** 



SUITE 102 DEERFIELD B	EACH FL 3344	ห	HASBF	HASBROUCK HEIGHTS NJ 07604										
2. Principal F	Place of Busin	ess	3. Maili	3. Mailing Address								. 18111 <b>15198</b>	1011 1011 1001	
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES						
City & Stat	te		City 8	City & State			4.	4. FEI Number 13-387493			Applied For Not Applicable			
Zip Country			Zip	Country			5.	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							
HRABOVSKY, PAUL						Name  Street Address (D.O. Boy Number in Not Assessed )								
455 FAIRV	WAY DRIVE,	SUITE 102					Street Address (P.O. Box Number is Not Acceptable)							
DEERFIEL	D BEACH F	L 33441												
						City				-	FL	Zip Code	e	
	named entity tions of regist	v submits this statemen ered agent.	t for the purpo	se of changing its r	registere	d office or re	egistered a	gent, or both	, in the State o	of Florida. I	am fam	iliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applic	cable. (NOTE:	Registered	Agent signature	required when	reinstating)		DA	TE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							_		ction Campaig at Fund Contrib				May Be to Fees	
10.		OFFICERS AN	ND DIRECTOR	RS	11.		Α	DDITIONS/0	CHANGES TO	OFFICERS A	AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS	99 HOOK			☐ Delete		T'ADDRESS						] Change	☐ Addition	
CITY-ST-ZIP	BAYONNE	NJ 0/002		·— <u> </u>	CITY-	ST-ZIP	_	**						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SHAPIRO, 122 BURR DIX HILLS	LANE		☐ Delete		T ADDRESS ST-ZIP						} Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. <del></del>	☐ Delete		T ÅODRESS ST-ZIP	े स्वर्थ∞ स		·			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.70		☐ Delete	1	T ADDRESS ST-ZIP						Change	Addition -	
TITLE NAME Street Address City-St-Zip				☐ Delete		T ADDRESS ST-ZIP				`.		Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	T ADDRESS				-		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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #