

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90018 019 ***155.00

DOCUMENT # P96000022591

1. Entity Name
DROFFILC, INC.

Principal Place of Business

Mailing Address

**6743 NW 2ND COURT
 MIAMI FL 33150
 US**

**1570 6TH STREET
 WEST PALM BEACH FL 33401
 US**

2. Principal Place of Business

3. Mailing Address

6743 NW 2 CT

P.O. Box 0337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

MIA FL

Zip

Country

Zip

Country

33150

MIA

DADE

33168

MIA. DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPH, CLIFFORD
 1570 - 6TH ST.
 WEST PALM BEACH FL 33401**

Name

CLIFFORD MURPH SR.

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

11231 NW 22 AVE

City

Miami

FL

Zip Code

33167

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.

SIGNATURE

CLIFFORD MURPH

Clifford Murph

4/26/01

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D MURPH, CLIFFORD	1570 - 6TH ST.	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D Clifford Murph Jr.	P.O. Box 0337	Miami FL 33168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CLIFFORD MURPH SR.** *Clifford Murph*

DATE

4/26/02

DAYTIME PHONE #

305-7577202

CP2E034 (9/01)