## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2002 8:00 am Secretary of State

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2. Principal Place of Business			3. Mailing Address					
808 Cypress Boulevard Suite Apt. #, etc.			808 Cypress Boulevard Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite 303			Suite 303			BO NOT WHITE IN THIS SPACE		
City & State			City & State			4. FEI Number Applied For		
Pompano Beach, Florida			Pompano Beach, Florida			65	5-067017 <u>4</u>	Not Applicable
Zip "	_	Country	Zip	Coun	•	5. (		8.75 Additional
<u>330e</u>	9	USA	33069	Lus <i>i</i>		7 Na	me and Address of Current Registered	ee Required
					Name			Våeur
	Г	O NOT WE	DITE		Johr, Marga			
DO NOT WRITE					Street Address (	reet Address (P.O. Box Number is Not Acceptable) 308 Cypress Boulevard Suite 303		
		N THIS SPA	<b>ACE</b>		300 0,7		De Boulevalu Bulle	
								17.0-1
					Pompano	mpano Beach FL Zip Code 33069		
8. The above	nanned entit	ty submits this statement for t	the purpose of changing	its registere			ent, or both, in the State of Florida.	
	1 1	$\sim$	, ,					7 22
SIGNATURE \		mar Joh	<u> </u>					3-02
	Signature, typeo	d or printed name of registered agent and	d title if applicable. (N	NOTE: Registere	d Agent signature required	when rei	instating) DATE	J
9. This corporation is eligible to satisfy its Intangible  January 1 - Ma							,	
9. This corpo	oration is elig	gible to satisfy its Intangible					10 Election Campaign Financing	*E 00 o
Tax filing r	requirement :	and elects to do so.	After M	ay 1, Fee i ded UBR i	is \$550.00 is \$61.25		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
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indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 office nor 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 on an attachment with an address with all other like empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pren 4-3-02

Daytime Phone #