2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS_RE	:PORT	ſ∕(UBR	<u> </u>	Apr 30, 200		
DOCU 1. Entity Nam	MENT # P9600	00369	23 /			Secretary 04-30-2003 90128		
	ANITORIAL SERVICES, INC.					0130 2003 30120	023 130.0	,,,
Principal Place of Business Mailing Address 1230 N. W. 123RD AVENUE 1230 N. W. 123RD AVENUE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026						~~000		
remonorit i	INCS TC 30020	I LINDRONE	THEO TE SOOE	O				
	Place of Business INW 106 STREET	3. Mailing Ac		260231		1 1903/06/ 150 183/0 05/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18 06/18		
Suite, Apt.	#, etc.	Suite, Apt.		100 431 _		CHECK HERE IF MAK	ING CHANGES	
City & Stat	mbroke Pines Fl		e in broke	Pines		4. FE! Number 65-0667854		pplied For ot Applicable
Zip	Country 28 US	Zip 33 <i>0</i> =	26.	Country 2/S	<u> </u>	5. Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	tegistered Age	nt			7. Name and Address of New Register	ed Agent	
TINIO AL	ÍAICTTC 11			Name	AND	VETTE HOTUNG		
TUNG, ANNETTE H 1230 N.W. 123RD AVENUE				Street A	Street Address (P.O. Box Number is Not Acceptable) 13551 NW 106 ST: #107			
PEMBRCY	KE PINES FL						-	
•				City	embr	oke Pines	Zip Code	
	named entity submits this statement for ions of registered agent	the purpose of	changing its r	egistered office o	r registere	d agent, or both, in the State of Florida. 1	am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a		NNETT:	CZ, I+C Registered Agent signal	フー/ ノノ	7.9 4-27-03 vhed reinstating) DA	ΓE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	3 IN 11
TITLE	P		Delete	TITLE	P		Change	Addition
NAME	HOTUNG, ANNETTE			NAME	HoTu	NG-ANNETTE 1 NW 106 ST. 4107	•	
STREET ADDRESS CITY-ST-ZIP	1230 NW 123 AVE. PEMBROKE PINES FL			STREET ADDRESS CITY-ST-ZIP	Pem l	1 NW 106 ST. #107 broke Pine, F1 3302	8	
TITLE	VP		Delete	TITLE			Change	Addition
NAME	CHINLOY, BERETA			NAME				
STREET ADDRESS CITY-ST-ZIP	1475 FAIRWAY RD. PEMBROKE PINES FL			STREET ADDRESS CITY-ST-ZIP			~ .	
TITLE	S		Delete	TITLE			☐ Change	Addition
NAME	CHINCOY, OWEN			NAME				
STREET ADDRESS CITY-ST-ZIP	1475 FAIRWAY RD. PEMBROKE PINES FL			STREET ADDRESS CITY-ST-ZIP	1			
IITLE	T			TITLE	7		Change	Addition
NAME	HOTUNG, PETER R.	<u> </u>	i Delete	NAME	PETER	R. HOTUNG	ZZ Griango	La riddiron
STREET ADDRESS	1230 NW 123 AVE.			STREET ADDRESS	1355	1 NW 106 St. #107		
CITY~ST-ZIP	PEMBROKE PINES FL			CITY-ST-ZIP	Penl	broke Pines, F13302	<u> </u>	
TITLE] Delete	TITLE		-	Change	Addition
vame Street address				NAME STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			Delete	TITLE			☐ Change	Addition
NAME		_		NAME	J	•		
STREET ADDRESS	•			· STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP	L			
	certify that the information supplied with to on this report or supplemental report is to the control of the co	his filing does r	not qualify for t	J	ted in Seci ave the sa	tion 119.07(3)(i), Florida Statutes, I further ame legal effect as if made under oath; tha	certify that the in	formation or director

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

305-995-2909