P96000043464

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Feb 01, 2002 8:00 am			
DOCU 1. Entity Nam TEMP AR	P96000	043464				Secretary	ry of State 0030 021 ***163.75			
Principal Place of Business 412 SE 13TH ST P O BOX 030398 FORT LAUDERDALE FL 33316 US Mailing Address P O BOX 030398 FT LAUDERDALE FL 33316 US				13303						
Principal Place of Business Address Mailing Address							4 IOBI1861 ISE IBIID BIILE BOIN OBIŅI BEILE	80111 01860 11111 QIRIO,I	(1111 910 1 1 00 1	
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE .			
City & Stat	City & State	\$ State			El Number 65-0756173	<u> </u>	plied For]		
Zip		Country Zip		Country		5. (Certificate of Status Desired	. CO 75	litional .	
	6. Name ai	nd Address of Current Re	gistered Agent		:	 7. N	lame and Address of New Registe			1
	o. Hame		g		Name					1
ALPERSTEIN, FRAN CPA 3792 NORTHEAST 209TH TERRACE					Street Address (P.O. Box Number is Not Acceptable)					
AVENTUR/	A FL 33180					,				
					City			FL Zip Code	9	
8. The above	named entity s	ubmits this statement for th	e purpose of changing its	registere	d office or reg	gistered ag	ent, or both, in the State of Florida.		-	
signature.										
	Signature, typed or p	printed name of registered agent and t	itle if applicable. (NOTE:	: Registered	Agent signature re	quired when re	einstating) C	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criterla on back) FILE NO After May 1, Make Check Pay)2 Fee v		1	10. Election Campaign Financin Trust Fund Contribution.		0 May Be to Fees	
11.		OFFICERS AND DIF	<u> </u>	12.			L DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	ł
TITLE NAME	D Cohen, Ste P O Box 03 Ft Laudere	EVEN J	98		T ADDRESS : ST-ZIP			☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			T ADDRESS ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP			☐ Change	Addition	
13. I hereby of	certify that the id	nformation supplied with thi	s filing does not qualify for	the exen	nption stated i	in Section 1	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; t	er certify that the in	formation 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.