2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000060702



FILED Mar 20, 2003 8:00 am Secretary of State

1. Entity Na	OUT CHOICES, INC.			03-20-2003 90106 008 ***150.00									
6278 N FEOR	ce of Business ERAL HWY STE 616 PALE FL 33306	Mailing Address 6278 N FEDERAL HWY STE 616 FT LAUDERDALE FL 33308							I Jj el Gr ej	11 481 1 444	18 14) (19 14	i i i i i i i i i i i i i i i i i i i	
2. Principal	Place of Business	3. Mailing Address											
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & Sta	te	City & State				4. FEI Nun	nber 65	-06946	36		-	oplied For	<u></u>
Zip	Country	Zip Co		Country	5. Certificate of Status Desired					\$8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered A	gent			7. Name a	nd Addre	ss of Nev	w Registe	red Age	nt		1
	المستود والاعتباد المراد المراد			Name≃	~ ·		-	~	-				7
FIX, KEN 6641 NE	NETH E 21st lane			Street A	et Address (P.O. Box Number is Not Acceptable)								\dashv
FT LAUD	ERDALE FL 33308								-				\dashv
				City		7-4-				FL	Zip Cod	e	-
8. The above	e named entity submits this statement for tions of registered agent.	the purpose	of changing its re	egistered office o	r registere	ed agent, or b	oth, in the	State of			liar with,	and accept	+
the obliga	tions of registered agent.												
SIGNATURE													1
	Signature, typed or printed name of registered agent a	nd title if applicable	e. (NOTE: F	registered Agent signat	ture required v	when reinstating)			Đ.	ATE			ĺ
	ILE NOW!!! FEE IS \$150.00								··				1
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta			ate			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND [DIRECTORS		11.		ADDITION	S/CHANG	ES TO O	FFICERS	AND DIF	RECTOR	3 IN 11	┨
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				CITY-ST-ZIP			***						
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

954.172.8138