2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000066351



FILED 24, 2003 8:00 am	01379
24, 2003 6:00 am	g
retary of State 4-2003 90177 048 ***150.00	AV

1. Entity Nam		INC.		Name of the last o			04-24-2003 90	177 048 ***150).00
Principal Place 1300 STIRLING DANIA FL 330 US	G RD	S	Mailing Address 1300 STIRLING RD DANIA FL 33004 US		-				
2. Principal F	Place of Busin	ess	3. Mailing Address		<u> </u>	1	1 1981/1981 II.B 1811 B. BILLE B.		11/81 1181 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 65-0687073			pplied For lot Applicable		
Zìp	1 -	Country	Zip	Country		5. Cert	tificate of Status Desired	S8.75 Ad Fee Require	
	6. Name	and Address of Currer	nt Registered Agent			7. Nam	e and Address of New Regi	istered Agent	
WARNISH I	an	المحدد المارات		N	lame~ ~ ~ -		· · · · · · · · · · · · · · · · · · ·		
KORNBLUN, LORI 2963 WESTBROOK			S	Street Address (P.O. Box Number is Not Acceptable)					
WESTON	FL 33332				Dity			FL Zip Cod	de
			,				<u> </u>		
	e named entity tions of regist		for the purpose of changing	its registered o	office or register	red agent,	or both, in the State of Florida	 I am familiar with, 	, and accept
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if applicable. (NOTE: Registered Age	ent signature required	d when reinsta	ting)	DATE	
After	r May.1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department		-			Election Campaign Finance Trust Fund Contribution.		00 May Be d to Fees
After	r May.1, 200	3 Fee will be \$550.00 Florida Department		11.				☐ Adde	d to Fees
After Make Check	r May 1, 200 k Payable to PSTD	3 Fee will be \$550.00 Florida Department OFFICERS AN	of State	11. TITLE NAME			Trust Fund Contribution.	☐ Adde	d to Fees
After Make Check	r May 1, 200 k Payable to PSTD KORNBLUI	3 Fee will be \$550.00 Fiorida Department OFFICERS AN H, LORI LING RD STE-7	of State ID DIRECTORS	TITLE	• •		Trust Fund Contribution.	Adde	d to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE: •

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #