2002 UNIFORM BUS	SINESS REPOR	IT (UBR)	,	١
DOCUMENT # P96 0000 82614			AFPROYEIL	
	IKE, NC.		02 MAY 15 PM 5: 06	
Principal Place of Business 301 VAMATO ROAD # 3/0/ BUCA RATON 7(.3343/	VAMATO RO # 3/0/ 301 YAMATO RD SUITE 9101 A RATON 7(.3343/ BOCA RATON FL 33431		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
2. Principal Place of Business 301 Yamayo Road Suite, Apt. #, etc.	3. Mailing Address Sinte Suite, Apt. #. etc.			
City & State			DO NOT WRITE IN THIS	SPACE
BOCA PLATON 7/	City & State		4. FEI Number 650697836	Applied For Not Applicable
3343/ Country UNITED STATE	7ES	Country	5. Certificate of Status Desired	\$8.75 Additional
6. Name and Address of Curren	ent Registered Agent	Name	7. Name and Address of New Registered	
MICHAEL D. MASANOSS			Control of the secondary	
301 YAMATO HD SUITE 3101	F	Sileer Address	ss (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431				
8. The above named entity submits this statement f	·	City	FL	Zip Code
SIGNATURE Signature, typed or printed name of registered agen 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	ole REPUBLICATION OF THE PUBLISHED OF TH	stered Agent signature require EE: IS:\$150:00. ee:will:beis550:00. Department of iSt	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11. OFFICERS AND	ID DIRECTORS 12	12.	ADDITIONS/CHANGES TO OFFICERS AND	O DIRECTORS IN 11
STOLTZ, MORRIS LEWIS, II STREET ADDRESS CITY-ST-ZIP STOLTZ, MORRIS LEWIS, II STOLTZ, MORRIS LEWI	NA STI	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP NO. MICHAEL D. MASAA STREET ADDRESS BOCA RATION 7	NAI STF CIT	TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RAFFOR	OITE 150 STR	TITLE IAME STREET ADDRESS SITY-ST-ZIP	4000056927 -06/05/02010	058001
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SOLVANATO SOLVANATO SOLVANATO	Polete TITE NAM STR	ITLE IAME TREET ADDRESS ITY-ST-ZIP	****158.75 *	*****158.75 Change DAddition
NAME STREET ADDRESS CITY-ST-ZIP SUPPLEX	STAL POINT DE			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY	AME REET ADDRESS TY-ST-ZIP		☐ Change ☐ Addition
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address, w	owered to execute this report as we	emption stated in Sec ature shall have the s aired by Chapter 607	7. Florida Statutes; and that my name appears in I	m an officer or director Block 11 or Block 12 if
SIGNATURE:	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		5/7/02 571	9983311