NAME FINCH, ALBERT J NAME STREET ADDRESS 1001 COLONY POINT CR APT 521 STREET ADDRESS CITY-ST-ZIP D Delete ITLE NAME FINCH, MARLENE J ID1 COLONY POINT CR APT 521 ID1 COLONY POINT CR APT 521 STREET ADDRESS 1001 COLONY POINT CR APT 521 ISTREET ADDRESS ID1 COLONY POINT CR APT 521 ITTLE ID1 COLONY POINT CR APT 521 ISTREET ADDRESS ID1 COLONY POINT CR APT 521 ID1 COLONY POINT CR APT 521 ITTLE ID1 COLONY POINT CR APT 521 ID1 COLONY ST-ZIP ID1 COLONY POINT CR APT 521 ID1 COLONY FOINT CR APT 521 ITTLE NAME ID1 COLONY POINT CR APT 521 ID1 COLONY ST-ZIP ID1 COLONY FOINT CR APT 521 ID1 COLONY ST-ZIP ITTLE ID1 COLONY POINT CR APT 521 ID1 COLONY ST-ZIP ID1 COLONY ST-ZIP ID1 COLONY ST-ZIP ITTLE ID2 ID2 ITTLE NAME STREET ADDRESS ITTLE STREET ADDRESS ITTLE ID2 ID2 ITTLE ID2 ID2 ITTLE ID2 ID2 ITTLE ID2 ID2 ID2 ID2 ITTLE ID2 ID2 ID2 <th>DOCUM 1. Entity Name</th> <th>IENT # P960000</th> <th></th> <th colspan="4">FILED Jan 19, 2000 8:00 am Secretary of State</th>	DOCUM 1. Entity Name	IENT # P960000		FILED Jan 19, 2000 8:00 am Secretary of State					
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Suite, Apt. #, etc. Suite, Apt. #, etc. D NOT WHE'E IN THIS SPACE Cay & State City & State City & State D NOT WHE'E IN THIS SPACE Zop Country Zip Country S. Certificate of Status Desired SS. 75 Additional Fee Required 30 O Norme and Address of Current Registered Agent T. Name and Address of New Registered Agent State Address of New Registered Agent GOLDSTEIN, CARRIE B 405 BOUNDE BARE WAY HOLLYWOOD FL 33021 Name Street Address (IPO Box Number Is Not Acceptable) B. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pionda. SCIALIZE Street Address (IPO Box Number Is Not Acceptable) And the above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pionda. SCIALIZE Street Address (IPO Box Number Is Not Acceptable) Anter MAY, 1 actor State Difference Registered Agent Pionace The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Pionda. SCIALIZE State Address To Difference Registered Agent Pion Registered Pion Registered Agent Pion	APT 501 PEMBROKE PINES FL 33026		APT 521 PEMBROKE PINES FL 33026-2908			(1881) 485 118 1874 HILL BATH BATH BATH BATH BATH BATH BIT BIT BIT BIT BIT BIT BIT BAT			
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Zip Country Zip Country 6. Certificate of Stance Desired \$6.75 Additional Fee Required 6. Name and Address of Qurrent Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN, CARRIE B 405 BONNE BRAE WAY HOLLYWOOD FL 33021 Name Name Name Goundstrain Country FL Zip Code B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Both SIGNATURE The above named entry submits the statement for the purpose of changing its registered agent, sector agent, or both, in the State of Florida. Both SIGNATURE The above named entry submits the statement to registered agent and the statement and entry submits registered agent. Both 9. This corporation is eligible to stately the leanagible face for the state of Florida. Both Thit is the statement agent is the statement of the purpose of changing its registered agent. Both Both 10. Electon Campaign Financing (State castes) OfFICERS AND DIFECTORS Thit is the state of Florida. State cadess (OfFICER AND DIFECTORS IN 11	City & State	. <u></u>	City & State			65-11/18/28/			
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405 BONNIE BRAE WAY HOLLYWOOD FL 33021 Chy FL Zip Code Chy FL Chy	GOLDSTEIN, CARRIE B					(P.O. Box Number is Not Acceptable)			
City FL Zip Code 2. The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. State of Florida. SIGNATURE Inter corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. (See criteria on back) INTE: Flugitered Agent Agents registered when eligible registered agent. or both, in the State of Florida. 10. Eligible to satisfy its intangible (See criteria on back) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State 10. Election Campaign Financing Tust Fund Contribution. \$5.00 May Ba Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DEleter ITHE STREET ADDRESS Change Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <td< td=""><td>-</td><td></td><td></td><td>F</td><td></td><td></td><td></td><td></td><td></td></td<>	-			F					
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Signature: systed or primes have of legitilead System and Store & Sociacute: (notif: Registered Agent sprature way, net when refractancy) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See orders on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Tuxi Fund Contribution \$5.00 May Be Added to Fees Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 This comportance (See orders) Delete THE MAKE THE FINCH, ALBERT J Delete THE MAKE DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 This comportance (See orders) Delete THE MAKE Delete T	The above na	med entity submits this statement fo	r the purpose of chapping if	ts registered		agent or both in the State of Flo			
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AME TREET ADDRESS ITY-ST-ZIP 3. 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	AME TREET ADDRESS		Delete	NAME STREET	1			Change	Addition
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