## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan		<b>0092729</b> c.			Secreta: 04-22-2002 90	ry of Sta	ate	
Principal Place of Business 9400 S DADELAND BLVD STE 100 MIAMI FL 33156 US		Mailing Address 9400 S DADELAND BLVD STE 100 MIAMI FL 33156 US						
2. Principal Place of Business		3. Mailing Address			1 16211651 (18 18116 2111) 56111 6611) 51	91)( <b>30</b> )(B 385) <b>9</b> (181)( 188)	11010 1011 1501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			, DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	Number <b>65-0722744</b>		oplied For	
Zip	Country	Zip	Country	5. Certificate of Status D		\$8.75 Add	ditional	
	6. Name and Address of Current Re	egistered Agent		7. Nam	e and Address of New Regis	stered Agent	90	
		<u> </u>	Name					
DEUTCH, 1 SE 3RD	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
STE 3050 MIAMI FL 33131			City	FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office or regi	stered agent,	or both, in the State of Florida	<b>.</b>		
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: f	Registered Agent signature req	uired when reinsta	tina)	DATE.		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	•	FEE IS \$150.00 2 Fee will be \$550.0 2 to Department of \$	0	Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDIT	IONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOLFSON, LOUIS III 9400 S DADELAND BLVD #100 MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOHL, MICHAEL D. 9400 S DADELAND BLVD #100 MIAMI FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANGULO, VICTOR 6001 SW 116 STREET MIAMI FL 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with the contract of the contract	ue and accurate and that my ered to execute this report as	ne exemption stated in signature shall have the required by Chapter (	Section 119. ne same lega 607, Florida S	07(3)(i), Florida Statutes. I furt I effect as if made under oath statutes; and that my name ap	her certify that the in that I am an officer pears in Block 11 or	or director Block 12 if	

SIGNATURE: