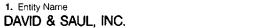
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000096618 **DOCUMENT #**





FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90100 004 ***150.00

				COD WE THE	ł					
Principal Place of Business 9541 HARDING AVE SURFSIDE FL 33154		Mailing Address 9541 HARDING AVE SURFSIDE FL 33154	9541 HARDING AVE							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					in diala dan)}681.]0)} 188}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 65-0709123			Applied For Not Applicable	
Zip Country		Zip	Zip Count		5. Certificate of Status Desired			\$8.75 Additional Fee Required		1
6. 1	Name and Address of Curre	nt Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
				Name						7
WINTRUB, SAUL 9541 HARDING			Street Address			(P.O. Box Number is Not Acceptable)				
SURFSIDE FL 33							- 1			1
							FL	Zip Cod	e	1
8. The above named the obligations of		t for the purpose of changing	its registere	d office or regist	tered ag	ent, or both, in the State of Flo	ida. I am fa	miliar with,	and accept	
SIGNATURESignature	typed or printed name of registered age	ent and title if applicable. (N	IOTE: Registered	I Agent signature requir	red when re	instating)	DATE			
After May 1	OW!!! FEE IS-\$150.00 , 2003 Fee will be \$550.0	- I				Election Campaign Fina Trust Fund Contribution	ancing _		00 May Be	
Make Check Payat	ole to Florida Department	of State								1
10.	OFFICERS AND DIRECTORS 11.				AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11]_
STREET ADORESS 9541	SHAKURY, AHARON 9541 HARDING AVE		STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	034 110102
TITLE DST			TITLE					☐ Change	☐ Addition	CBOE
STREET LEDRESS 9541	RUB, SAUL C HARDING AVE SIDE FL 33154			ET ADDRESS ST-ZIP						
TITLE NAME		☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE NAME		☐ Delete	TITLE	1	<u>-</u>			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		 -		ST-ZIP				÷ .	** .	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME				\.	Change	☐ Addition	
CITY-ST-ZIP	at the information supplied	ith this filing does not qualify	CITY-	ST-ZIP	Section 1	19.07(3)(i), Florida Statutes. i	further cortif	v that the	nformation	1
The state of the s	at the imprination supplied w	na and ming does not qualify	A STATE OF STATE	me alcall be a she		- 10.07 (O)()), i londa Giatutes. I	and the state of	, macule 11	. ii or mation	1

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

SIGNATURE: