## FILED Apr 10, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)					Secretary of State		
DOCU	JMENT # P970000			04-10-2003	90154 039 ***15	50.00	
Principal Pla	ace of Business	Mailing Address					
4200 SHERIDAN ST. #401 HOLLYWOOD, Fl. 33021		4200 SHERIDAN ST. #401 HOLLYWOOD, FL 33021					
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 38-3323449	t	pplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Ad Fee Require		
	6. Name and Address of Curr	rent Registered Agent ***	Name	7. Name and Address of New R	gistered Agent		
	YASSINE - RIDAN ST #112 DOD, FL 33023			ss (P.O. Box Number is Not Acceptable	)		
4	i di		City		FL Zip Coo	ie	
	ations of registered agent.	nt for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Flo	rida. I am familiar with	, and accept	
SIGNATURE	Signature, typed disprinted dame of registered a	igent and tills if applicable. (NOTE	: Registered Agent signature req	uirād whān reinstating)	DATE		
Afta Make Chec	FILE NOWILL FEE IS \$150.00 or May 1, 2003 Fee will be \$550 k Payable to Florida Departine	00 int of State	<u> </u>	Election Campaign Fin: Trust Fund Contribution		O May Be d to Fees	
10.	<del>,                                     </del>	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFI			
117LE	DP	☐ Delete	1/TLE NAME		Change	☐ Addition	
NAMÉ STREET ADDRESS	YASSINE, HUSSEIN 4200 SHERIDAN ST. #401		STREET ADDRESS				
CITY-ST-ZP	HOLLYWOOD, FL 33021		CITY-ST-ZIP				
TITLE		☐ Deiete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS CITY-ST-2IP			STREET ADDRESS Crity-St-21P				
TITLE		Delete	TITLE	<del></del>	Change	Addition	
NAME		L_J Delete	NAME		C) Oreside		
STREET ADDRESS			STHEET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 empowered.

TITLE

NAME

BULE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-2IP

STREET ADDRESS City-St-2ip

CITY-ST-7IP

SIGNATURE

TITLE

NAME STREET ADDRESS

TITLE NAME

TIBLE

NAMÉ

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-51-ZP

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

Delete

1/06/03

954-962-314

☐ Change

☐ Change

Change

Addition

Addition

☐ Addition