Applied For Not Applicable

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P97000024113 DOCUMENT

1. Entity Name

1401 SW 11TH PLACE

WASTIN HAI	HRIS TACH! SERVI	JES, INC.			
Principal Place of Business 1401 SW 11TH PLACE FT LAUDERDALE FL 33312		Mailing Address 1401 SW 11TH PLACE FT LAUDERDALE FL 33312			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		— ☐ CHECK HERE IF MAKING CHANGES	
				Zip	Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, MAR	RTIN	·		ddress (P.O. Box Number is Not Acceptable)	

City	Zip Code
office or registered agent, or both, in the State of Florida. I	am familiar with, and accept
gent signature required when reinstating) DA	TE
01	ffice or registered agent, or both, in the State of Florida. I

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution.

FILED

Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90145 004 ***150.00

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition HARRIS, MARTIN NAME NAME 1401 SW 11TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP ■ Addition TITLE SD ☐ Delete TITLE ☐ Change NAME HARRIS, JILL NAME STREET ADDRESS 1401 SW 11TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP