2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PRO	FIT COR	PORAT PORT (ION UBR	<u> </u>	FILED May 05, 2003 8:00 am	0297354
DOCU	MENT # P970	0003129	8			Secretary of State	Ą
1. Entity Nam STYLUS (ne Consulting Group, in	IC.				05-05-2003 91147 035 ***158.75	
Principal Plac 13876 SW 567 SUITE 184 MIAMI FL 3317		Mailing Addres 13876 SW 56TH SUITE 184 MIAMI FL 33175	I STREET			 	
2. Principal F 1387 Suite, Apt.		3. Mailing Addr 13874 Suite, Apt. #,	Syite	56th	57. 21	CHECK HERE IF MAKING CHANGES	
City & Stat	iami. Floridi	City & State	mi. F	/	4.	FEI Number 65-0757682 Applied For Not Applicable	
Zip	15 United Sta	331	75 Co	untry U.5)	<i>t.</i>	Certificate of Status Desired \$8.75 Additional Fee Required	
DOBSON, 4025 S.W. MIAMI FL	. 125TH AVENUE				(=	Name and Address of New Registered Agent SAME AS DOX 6 Box Number is Not Acceptable)	
	e named entity submits this statementions of registered agent. Signature, lybed or printed name of registered agent.	obson 1	anging its register	City ered office or	regiptered a	igent, or both, in the State of Florida. I am familiar with, and accept ### 15/03 Treinstating) ### 15/03	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.6 k Payable to Florida Departmen					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		ND DIRECTORS	11	1.		ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_
TITLE NAME STREET ADDRESS CITY-\$1-ZIP	PCEO DUBSEY, RICHARD H 4025 SW 125TH AVE MIAMI FL 33175		N/ ST	TLE AME IREET ADDRESS ITY-ST-ZIP	DOB 402		CH2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BETANCOURT, GEORGE L 9353 S.W. 155TH AVENUE MIAMI FL 33169		N/ : ST	TLE AME TREET ADDRESS TY-ST-ZIP		☐ Change ☐ Addition	35
NAME STREET ADDRESS CITY-ST-ZIP		· • D:	N/	TLE AME TREET ADDRESS TY-ST-ZIP	•	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE AME Treet address TY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. NA ST	TLE AME Treet address TY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE AME IREET ADDRESS TY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	certify that the information supplied of on this report or supplemental report poration or the receiver of trusted error or on an attachment with an address	rt is true and accurate npowered to execute t	and that my sign his report as requ	kemption stat nature shall h uired by Cha	ed in Section ave the same pter 607, Flo	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if	