## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700038611  1. Entity Name  ROSLYN L. STEVENSON, P.A.					FILED Jan 31, 2000 8:00 am Secretary of State				
HUSLIN	L. STEVENSON, P.A.					Creta 1-31-2000 90			
Principal Plac 20801 BISCAVA SUITE 400 AVENTURA/FL	E BLVD	Mailing Address P O BOX 800936 AVENTURA FL 33280-0936							<b>18</b> 1 11 <b>8</b> 1 (201
2. Principal P 4000 Suite, Apt.	lace of Business Hollywood Blvd.	3. Mailing Address  Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE	
City & State	11 south	City & State		4. F	El Number	65-074976		Ap	plied For
10/14w 3302	OOD, FLOUDET  COUNTRY  BROWARD	Zip	Country.	- · 5. · C	ertificate of	Status Desired	<u>-</u>	\$8.75 Add	
7.500	6. Name and Address of Current F	Registered Agent		7. N	ame and Ad	dress of New F	Registered	Agent	
	/ENSON, ROSLYN L		Name Street Addre	120S		Not Acceptable		NSOF	7
SUIT	11 BISCÁYNÉ BLVD E 480 VTURA FL 38180		4000	) Ho	llywo	1	vd.	Zin Cod	
	_		FOLL	-4wc	C'oc		FL	- Zin Cod	<u> </u>
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or reg	istered age	ent, or both, i	n the State of Flo	orida.		
SIGNATURE.	Signature, typed or printed name of registered agent ar	and title if applicable. (NOTE: Re	egistered Agent signature re	quired when rei	nstating)	Januar	y 2.	000	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of States						on Campaign Fir Fund Contributio			May Be to Fees
11.	OFFICERS AND D		12.	AD	DITIONS/CH	ANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20001 BISCAYNE BLVD #4005 4	5 wite 41 South food Hollywood Blvd ywrod FL 33021	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					☐ Change	<u> </u>
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	true and accurate and that my	signature shall have	the same I	egal effect a:	s if made under	oath: that i	am an officer	or director

REMOTHE FUEL DE PRINTED HAVE DE PROMISE DE PROPERTOR PLACE

SIGNATURE: