2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000046150 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

CORAL GABLES FL 33143

Suite, Apt. #, etc.

FARR, VERONICA

1 CASUARINA CONCOURSE CORAL GABLES FL 33143

the obligations of registered agent.

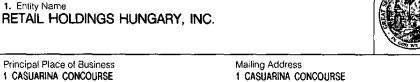
City & State

Zip

SIGNATURE

2. Principal Place of Business

US



US

CORAL GABLES FL 33143

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

Suite, Apt. #, etc.



FILED May 02, 2003 8:00 am & Secretary of State

05-02-2003 90737 041 ***150.00

										
OURSE 33143				CHECK HERE IF MAKING CHANGES						
_			4. F	El Number 65-0766904			Applied For			
							Not Applicable			
Country			5. C				\$8.75 Additional Fee Required			
			7. N	ame and Address of New Re	gistered	Agent				
		Name					<u>-</u>			
		Street Addre	ess (P.O. Bo	ox Number is Not Acceptable)						
		,								
City					L Zi	Zip Code				
		ed office or reg		ent, or both, in the State of Flor	ida. I an	n familia	r with, and accept			
										
				Election Campaign Fina Trust Fund Contribution			\$5.00 May Be Added to Fees			
	11.		ADD	DITIONS/CHANGES TO OFFIC	CERS AN	D DIRE	CTORS IN 11			
	TITLE	- 1				C	hange 🗌 Addition			

Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VCOC POTAMKIN, ROBERT M 130 SPRUCE ST, SUITE 30B PHILADELPHIA PA 19106	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOC POTAMKIN, ALAN H 1 CASUARINA CONCOURSE CORAL GABLES FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEPLEY, RICK A 1 CASUARINA CONCOURSE CORAL GABLES FL 33143	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FARR, VERONICA 1 CASUARINA CONCOURSE CORAL GABLES FL 33143	☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 supplied entail 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 insstee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:



4_29-03 Date