2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90213 049 ***150.00

1. Entity Nam		# P97000051 , P.A.	932	/		901	04152	
Principal Plac	e of Business	,	Mailing Address			001	04112	•
201 ALHAMBRA CIR			201 ALHAMBRA CIR				•	
SUITE 711 CORAL GABLES, FL 33134 US			SUITE 711 CORAL GABLES, FL 33134 US					
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 62-1700243		Applied For Not Applicable	
Zíp		Country	Zip	Cour	ntry	5. Certificate of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New R	egistered Agent	
FARRAR, CHARLES O JR.					Name			
201 ALHAM SUITE 711 CORAL GAI	.E			Street Address	treet Address (P.O. Box Number is Not Acceptable)			
	,	•						
			•		City		FL Zip	Code
	named entity tions of registe		for the purpose of changing i	its register	ed office or registe	red agent, or both, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE .	Signature, typed o	or printed name of registered ager	nt and title if applicable. (NC	OTE: Registers	ad Agent signature require	ul when reinstating)	DATE	
				-		- '		
After	May 1, 200	I FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department)			Election Campaign Fin Trust Fund Contribution		5.00 May Be dded to Fees
After	May 1, 200	13 Fee will be \$550 00	of State	11.		9. Election Campaign Fin	n.	dded to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76 APR 03 (305)444-4177