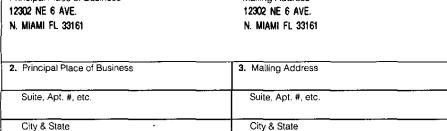
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U

DOCUMENT #





☐ CHECK HERE IF MAKING CHANGES

City & State	•	City & State			4. FEI Number NO	T ADDI ICADI I	Applied For
					NO	I AFFLICADL	Not Applicable
Zip	Country	Zip	Count	ry	5. Certificate of Statu	us Desired	\$8.75 Additional Fee Required
6.	Name and Address of Cu	rrent Registered Agent			7. Name and Addres		red Agent
		-		Name		·	· · · · · · · · · · · · · · · · · · ·
STACHEWITCH 12302 NE 6TH	•			Street Addre	ess (P.O. Box Number is Not	Acceptable)	
N. MIAMI FL 33	3161						

	City	FL	Zìp Code
 The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. 	office or registered agent, or both, in the State of Floric	a. I am far	miliar with, and accept

City

SIGNATUR	Signature, typed or printed name of registered agent and title if appl	icable
	EN E NOWILL EEE IS \$150.00	-

(NOTE: Registered Agent signature required when reinstating)

DATE

e.	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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACHEWITSCH, MARC 10203 E. BROADVIEW DRIVE BAY HARBOR FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STACHEWITSCH, MONIQUE 10203 E. BROADVIEW DRIVE BAY HARBOR FL 33154	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STACHEWITSCH, ANDRE 10203 E. BROADVIEW DRIVE BAY HARBOR FL 33154	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STACHEWITSCH, MONA 10203 E. BROADVIEW DRIVE BAY HARBOR FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_TIP	☐ Change ☐ Additi

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

SIGNATURE: