| | JMENT # P970000 | 79047 | | | | F | 'eb 20. | 2001 8 | 8:00 a | am |
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| 1. Entity Nar | | 1/004/ | المرزية ا | ~ • | | | Secret | arv of | State | 2 |
| - | E ASSOCIATES, INC. | - - | · ·• | | 1 | | | 1 90062 016 * | | |
| | | | | ····· | | | | | | |
| | ice of Business | Malling Address | • | | | | | | | |
| 50 NE SPANI IOCA RATON | ISH RIVER BLVD #309 FL 33431 | 750 NE SPANISH RIVER BLVD #309 BOCA RATON FL 33431 | | | | | | | | |
| 2. Principal I | Place of Business | 3. Mailing Address | | • | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | _ | A MANDEL KA MAN MENTANA ANA ADA DERI ADAL INTER INTER ANA ANA ADA Do not write in this space | | | | |
| City & Sta | te | City & State | | | 4. FE | Number | 65-0778492 | | Applied For |] |
| Zip | Country | Zip | Cour | Itrv | | ······ | | £0.75 . | Not Applicable | |
| | | | | ·, | | | | Fee Requi | red | |
| | 6. Name and Address of Current I | Registered Agent | | Name | 7. Na | me and Add | iress of New Regi | stered Agent | | + |
| | VILE, THOMAS J NE SPANISH RIVER BLVD #309 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | CA RATON FL 33431 | ••• | | [| | ····· | | | | - |
| | | | | City | ····· | | | | xde | 1 |
| 8. The above | e named entity submits this statement for | r the purpose of changing its | s register | l ed office or regis | tered agen | t, or both, in | the State of Florida | | ••• •• • •••• | 1 |
| | | | - | | - | | - | | - | |
| SIGNATURE | Signature, typed or printed name of registered egent a | nd title il applicable. (NO) | TE: Registere | d Agent signature requ | ired when reins | tating) | | DATE | |] |
| | | | | | | | | | | |
| Tax filing | oration is eligible to satisfy its Intangible requirement and elects to do so. | After MAY 1, 2 | 001-Fee | | | | Campaign Financ | | OO May Be | |
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