2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

P97000099470



FILED May 01, 2003 8:00 am Secretary of State

1. Entity Nats VL BUILD		RP.							05-01-2003	90337 01:	5 ***150.0	00	
Principal Place of Business 871 WEST OAKLAND PARK BLVD FORT LAUDERDALE FL 33306 US 2. Principal Place of Business				Mailing Address 2419 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE FL 33308 US 3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					[] check heb	E IE MAKINIG	CHANGES		
City & State				City & State				4. FEI Number 65-0807196 Applied For					
Zip Country			Zip	Zip Coun				5. Certificate of Status Desired S8.75 Additional			ditional		
							Fee Required						
6. Name and Address of Current Registered Agent													
BLODIG, GREGORY J ESQ						Street Address (P.O. Box Number is Not Acceptable)							
GREENSPOON, MARDER, HIRSCHFELD, ET AL. 100 WEST CYPRESS CREEK ROAD SUITE 700						Sheet Address (F.O. Box Namber IS Not Acceptable)							
FT. LAUDI		City			•		FL	Zip Code	e				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepted the obligations of registered agent.												and accept	
SIGNATURE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Efection Campaign F Trust Fund Contributi	inancing		O May Be I to Fees	
10, 😕		OFFICERS AND I		ES	11.			ADI	DITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAM STRE				amono/or knacs 10 or	TOLTO AND	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, 2419 E CO		100	☐ Delete	TITLE NAM STRE						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2419 E. C	CHRISTINA OMMERCIAL BLVD., #1 DERDALE FL 33308		Delete				•		Ę	☐ Change	☐ Addition	
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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(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: